

**'BLACK OCTOBER': THE IMPACT
OF THE SPANISH INFLUENZA EPIDEMIC
OF 1918 ON SOUTH AFRICA**

by

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To Juelle, Alec and the Memory of Helene

University of Cape Town

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ABBREVIATIONS

The following abbreviations have been used in the text and footnotes of all chapters:

IEC	Influenza Epidemic Commission - Evidence, 1918-1919 (2 typescript volumes in the Library of Parliament)
MLA	Member of the Legislative Assembly (Parliament)
MOH	Medical Officer of Health
MPC	Member of the Provincial Council
SADF	South African Defence Force
SAR&H	South African Railways and Harbours
UDF	Union Defence Force

ACKNOWLEDGEMENTS

My initial interest in the Spanish 'flu epidemic can be traced to two very different sources: a curiosity about the impact of World War I on South African society, aroused when I was a post-graduate student at London University in 1972-1973 and, more specifically, to my father's account of his family's experiences in the epidemic in Cape Town in 1918. I hope that this study will satisfy both my former tutors at London University and my father - in other words, that it is academically sound without being unintelligible to the layperson.

The breadth of research required for this intensive examination of South African society during an acute crisis has been considerable. Collecting this material has left me deeply in the debt of a number of individuals and institutions and I consequently wish to record my gratitude to the personnel of the numerous libraries and archival depositories which I have used, to the 'flu survivors who readily recounted their memories of a terrible episode in their lives, to several people who acted as interpreters when survivors spoke neither English nor Afrikaans, to a number of strangers who were kind enough to put me in touch with 'flu survivors of their acquaintance, to Mr Richard Collier who generously allowed photocopies to be made of the reminiscences he had gathered in 1972, to Dr Sandra Burman for making these photocopies and to friends and colleagues who drew my attention to material which I would otherwise have missed.

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Cape Town,
July 1984.

ABSTRACT

This is the first serious study of the worst natural disaster in South African history and of the impact of this disaster on the country and its people. Utilising both published and unpublished official and unofficial sources, newspapers, periodicals and the recollections of over 200 'flu survivors, it traces the course of the epidemic in five main areas where its severity paralysed everyday life, viz the Witwatersrand gold mines, Cape Town, Kimberley, Bloemfontein and the Transkei. Each of these five chapters concludes with an examination of the results which the epidemic produced locally, in spheres such as housing, sanitation, welfare schemes, the provision of medical facilities and racial segregation.

Part 2 of the study surveys the makeshift efforts of the small sub-department of Public Health to combat the epidemic and makes clear how its inadequate performance brought about wide-scale agreement as to the urgent need for the creation of a fully-fledged Ministry of Public Health.

Part 3 focusses on fundamental medical and aetiological issues which the epidemic raised and discusses the range of answers offered by contemporaries to questions relating to the identity, treatment and cause of the Spanish 'flu. Both medical and lay opinion on these matters are investigated and it is suggested that in 1918 most South Africans found 'scientific' answers to these questions foreign to their thinking. The attempts of the lay public to explain why the disaster occurred provide sharp insights into the prevailing world-view of much of the population.

Part 4 concentrates on the results of the epidemic at a national level, both in the short and in the long term. Chapter 9 deals with its demographic impact and concludes that the Spanish 'flu epidemic was the single most important episode in South Africa's demographic history. Chapters 10 and 11 examine its

more creative results - from the provision of facilities for the thousands of 'flu orphans and the rush for life insurance to the passing of the Public Health Act of 1919 and the establishment of an autonomous Ministry of Public Health. Less obvious consequences are noted too: Central Government recognition of the importance of the social welfare of (White) citizens and an enhanced anxiety about the dangers of infection across racial and class barriers and the measures taken to reduce this threat.

The Conclusion argues that the Spanish 'flu epidemic was a landmark in South African social, medical and administrative history. Coming at a time when features of the new state were still being moulded, the epidemic impressed its mark on the country in a number of fundamental ways. In addition, a study of the episode highlights aspects of contemporary South African life and thought usually hidden from the historian. The glimpses which it affords of prevailing attitudes, anxieties and assumptions at a popular level in 1918 are invaluable. Finally, the Conclusion considers why the devastating 'flu epidemic has been ignored by historians and forgotten by the majority of the people of South Africa.

INTRODUCTION

Towards the end of September 1918 the second wave of the world-wide Spanish Influenza pandemic of 1918-1919 struck South Africa. Within a fortnight the country was overwhelmed by the worst natural disaster in its history. By the time that it abated in November, probably more than a quarter of a million South Africans had died.

The aim of this study is threefold: to trace the course of this devastating epidemic in the Union and, in so doing, to provide the first serious, full-length account of what happened during 'Black October', as the episode rapidly became known locally; secondly, to ascertain its immediate and longer-term impact so as to assess its significance in the history of South Africa; finally, to use this unprecedented disaster to identify some of the underlying features of contemporary South African life and thought which it highlighted.

The social history of disease, even endemic disease, can reveal much about the composition and workings of past societies, for not only is

'disease related causally to the social and economic situation of the members of a given population, but the health care received also reflects the structure of a society, particularly its stratification and class divisions.'

Like medicine,² disease mediates social relations.

This is even more the case if a disease develops an all-

1. G Rosen: 'Health, History and the Social Sciences' in Social Science and Medicine, vol. 7 (1973), p.236.
2. K Figlio: 'The Historiography of Scientific Medicine: An Invitation to the Human Sciences' in Comparative Studies in Society and History, vol. 19 (1977), p.277 n.29. See too Figlio's articles in Society for the Social History of Medicine Bulletin, 21 (December 1977), p.18, and in Social History, vol. 3 (1978) for a development of this argument.

threatening virulence and assumes epidemic proportions. Like wars, floods or earthquakes, serious epidemics evoke a broad cross-section of societal responses which reveal typical attitudes and assumptions more clearly than everyday activities. As Louis Chevalier has observed, epidemics sharpen behaviour patterns, betraying deeply-rooted social imbalances and illuminating latent or developing tendencies.³

Yet, historians have been slow to study them - or other natural disasters for that matter. In part they have been reluctant to tackle topics which appeared to require extensive specialised knowledge; in part they have been wary of attributing too much weight to the 'disease factor' in history, of treating it as an independent variable of some consequence. As William McNeill has observed,

'We all want human experience to make sense, and historians cater to this universal demand by emphasizing elements in the past that are calculable, definable, and, often, controllable as well. Epidemic disease, when it did become decisive in peace or in war, ran counter to the effort to make the past intelligible. Historians consequently played such episodes down.'⁴

In pioneering studies such as this one it is not uncommon to ascribe too much to the 'newly discovered' factor which forms the subject of the thesis. This work tries to avoid this kind of tunnel vision by keeping the impact of the epidemic within the context of the contemporary development of modern South Africa. At the same time, placing the epidemic within these broader continuities must not mask its genuinely unprecedented results. Both dimensions must be kept in mind to achieve a balanced overall assessment of its significance. To borrow Eric Hobsbawm's

3. L Chevalier: Labouring Classes and Dangerous Classes in Paris During the First Half of the Nineteenth Century (London, 1973), Introduction (III, IV) and Book III (chapter 5).

4. W H McNeill: Plagues and Peoples (Harmondsworth, 1979), p.12.

metaphor,⁵ what is seen through the microscope must not be lost from sight when viewed through the telescope.

The experience of other countries in the 'flu pandemic provides few guidelines, for there are few serious studies by historians of its impact elsewhere in the world.⁶ On the other hand, recent historical works on other modern epidemics are most suggestive as to possible approaches to the topic.⁷

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5. E J Hobsbawm: 'The Revival of Narrative - Some Comments' in Past and Present, 86 (February 1980), p.7.
 6. The fullest is A W Crosby: Epidemic and Peace, 1918 (Westport and London, 1976). Other studies are more localised e.g. G Rice: 'Christchurch in the 1918 Influenza Epidemic' in New Zealand Journal of History, vol. 13, no. 2 (October 1979); L Bryder: '"Lessons" of the 1918 Influenza Epidemic in Auckland', *ibid.*, vol. 16, no. 2 (October 1982); D I Pool: 'The Effects of the 1918 Pandemic of Influenza on the Maori Population of New Zealand' in Bulletin of the History of Medicine, vol. 47 (1973); J P D McGinnis: 'The Impact of Epidemic Influenza: Canada, 1918-1919' in Historical Papers/Communications Historiques, 1977; M W Andrews: 'Epidemic and Public Health Influenza in Vancouver, 1918-1919' in B C Studies, vol. 34 (Summer 1977); I R Phimister: 'The "Spanish" Influenza Pandemic of 1918 and its Impact on the Southern Rhodesian Mining Industry' in Central African Journal of Medicine, vol. 19, no. 7 (July 1973); R Pankhurst: 'The "Hedar Basita" of 1918' in Journal of Ethiopian Studies, vol. 13, no. 2 (1975); J V Spears: 'An Epidemic among the Bakgatla: the Influenza of 1918' in Botswana Notes and Records, vol. 11 (1979); D H Ohadike: 'The Influenza Pandemic of 1918-19 and the Spread of Cassava Cultivation on the Lower Niger' in Journal of African History, vol. 22 (1981); and three articles by K D Patterson - 'The Demographic Impact of the 1918-1919 Influenza Pandemic in sub-Saharan Africa - a Preliminary Assessment' in C Fyfe and D McMaster (eds): African Historical Demography, vol. 2 (Centre for African Studies, University of Edinburgh, 1981); 'The Influenza Epidemic of 1918 in the Gold Coast' in Journal of African History, vol. 24, no. 4 (1983), and, with G F Pyle: 'The Diffusion of Influenza in sub-Saharan Africa during the 1918-1919 Pandemic' in Social Science and Medicine, vol. 17, no. 17 (1983).
 7. For instance, C Rosenberg: The Cholera Years. The United States in 1832, 1849 and 1866 (Chicago, 1962) and 'Cholera in Nineteenth-Century Europe: A Tool for Social and Economic Analysis' in Comparative Studies in Society and History, vol. 8 (1965-6); A Briggs: 'Cholera and Society in the Nineteenth Century' in Past and Present, no. 19 (1961); R E McGrew: Russia and the Cholera, 1823-1832 (Madison and Milwaukee, 1965); R J Morris: Cholera 1832 - The Social

In the case of South Africa itself, there is little on the 'flu epidemic besides sections in two popular, global accounts⁸ and the brief chapters in Jose Burman's Disaster Struck South Africa,⁹ Lawrence Green's Grow Lovely, Growing Old¹⁰ and the Reader's Digest's South Africa's Yesterdays.¹¹ General histories of the country overlook it entirely or refer to it in a sentence or less;¹² the majority of references to it in print occur in histories of towns, villages or institutions and in autobiographies or biographies, indicative perhaps of where it left its deepest mark. The two existing histories of medicine in South Africa¹³ do not venture into the 20th Century, Charlotte Searle virtually ignores it¹⁴ and works specifically devoted to

Response to an Epidemic (London, 1976); M Durey: The Return of the Plague: British Society and the Cholera 1831-2 (Dublin, 1979); J T Alexander: Bubonic Plague in Early Modern Russia - Public Health & Urban Disaster (Baltimore and London, 1980).

8. R Collier: The Plague of the Spanish Lady (London, 1974) and C Graves: Invasion by Virus. Can It Happen Again? (London, 1969).
9. J Burman: Disaster Struck South Africa (Cape Town, 1971), chapter 5. Burman drew on this chapter for his article on the epidemic in the Standard Encyclopaedia of South Africa, vol. 6 (Cape Town, 1972), pp.94-95.
10. L G Green: Grow Lovely, Growing Old (Cape Town, 1951), chapter 19.
11. Reader's Digest: South Africa's Yesterdays (Cape Town, 1981), p.55.
12. C W de Kiewiet: A History of South Africa. Social & Economic (Reprinted edition, London, 1966), p.231; T R H Davenport: South Africa - A Modern History (Johannesburg, 1977), p.340; J S Marais: The Cape Coloured People 1652-1937 (Reprinted edition, Johannesburg, 1968), p.258. C C Saunders' new Historical Dictionary of South Africa (Metuchen, 1983) contains an entry under 'Influenza Epidemic'. It is to be hoped that this is a precedent which future general histories of South Africa will follow.
13. E H Burrows: A History of Medicine in South Africa up to the End of the Nineteenth Century (Cape Town and Amsterdam, 1958); P W Laidler and M Gelfand: South Africa - Its Medical History 1652-1898 (Cape Town, 1971).
14. C Searle: The History of the Development of Nursing in South Africa 1652-1960 (Cape Town, 1965), p.256.

epidemics amount to one unpublished dissertation¹⁵ and seven articles,¹⁶ three of which deal with epizootics or crop-blight. With justice, Richard Rathbone has remarked, 'It is an odd comment on our priorities that we know more about cattle epidemics than we do about human disasters.'¹⁷

From this discouraging outline, information on the Spanish 'flu in South Africa might seem peculiarly scarce. This is anything but so.

Since the epidemic affected every person, authority or institution in the Union directly or indirectly, it generated extensive documentation - in every newspaper and periodical (whether medical or non-medical), in the report of the Government-appointed Commission of Inquiry (whose two bulky volumes of unpublished evidence have been on the shelves of the Library of Parliament, unexamined, since 1919), in the archives of local authorities, Government departments, the Union Defence Force, churches, welfare organisations and private businesses and in private correspondence and diaries.

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15. A Lombaard: 'The Smallpox Epidemic of 1882 in Cape Town with some reference to the Neighbouring Suburbs' (Unpublished BA Honours dissertation, UCT 1981).
 16. E B van Heyningen: 'Cape Town and the Plague of 1901' in C Saunders, H Phillips and E van Heyningen (eds): Studies in the History of Cape Town, vol. 4 (Cape Town, 1981); A Davids: '"The Revolt of the Malays": A Study of the Reactions of the Cape Muslims to the Smallpox Epidemics of Nineteenth Century Cape Town' in C Saunders, H Phillips, E van Heyningen and V Bickford-Smith (eds): Studies in the History of Cape Town, vol. 5 (Cape Town, 1984); C van Onselen: 'Reactions to Rinderpest in Southern Africa 1896-97' in Journal of African History, vol. 13, no. 3 (1972); C Ballard: 'Pestilence and the Peasantry: The Holocaust in Natal and Zululand 1895-1907' (Unpublished paper presented at conference of Economic History Society, Durban, July 1982); C Ballard: '"A Year of Scarcity": The 1896 Locust Plague in Natal and Zululand' in South African Historical Journal, no. 15 (1983); M Swanson: 'The Sanitation Syndrome: Bubonic Plague and Urban Native Policy in the Cape Colony, 1900-1909' in Journal of African History, vol. 18 (1977); R Ross: 'Smallpox at the Cape of Good Hope in the Eighteenth Century' in African Historical Demography - Proceedings of Seminar at Centre of African Studies, University of Edinburgh (Edinburgh, 1977).
 17. R Rathbone: 'World War I and Africa: Introduction' in Journal of African History, vol. 19, no. 1 (1978), p.9.

Moreover, 1918 is within living memory. Personal recollections gathered by interview and letter added substantially to the information available, not only in quantity, but also in immediacy. To talk to someone with vivid personal memories of 'Black October' was to gain a dimension on the subject which was unique. It rapidly became clear that any South African who was more than a child in 1918 was a potential source, indicating once again the place of the epidemic in popular memory. Indeed, its prominence in individuals' memories of that time compares sharply with the virtual silence of historians in their accounts of the same period and gives cause for thought as to why this has been so.

The abundance of material on the epidemic produced problems too, for these sources reflect White opinion and activities out of all proportion to the extent to which Whites (as a group) were affected, an imbalance corrected only in small measure by interviews with Black, 'Coloured' and Indian 'flu survivors. The difficulty of securing even these interviews is a comment on the position of a White historian in South Africa today.

The intensity and widespread prevalence of the epidemic throughout the country raised further problems: which areas to focus on in order to gain a cross-section of South Africa's experience, how to relate this to what was occurring at a national level, how to assess the impact of the epidemic adequately in an array of fields hitherto barely touched by historians (such as demography, medicine and public health, popular thought, social welfare and the histories of specific towns), how to deal with less tangible aspects such as fear, rumour, grief and attitudes to death and how far to search beyond 1918 for long-term results. Sometimes, in the course of this study, the dimensions of the subject seemed close to those of the chimerical total history.

How these problems have been tackled will become clear, partly in the contents of the chapters which follow, partly in their very organisation and titles. The first five chapters trace the course of the 'flu in five specific areas, chosen either because

they were the first to experience the epidemic on a significant scale (the gold mines of the Rand) or because the 'flu was particularly severe in these places (Cape Town, Kimberley, Bloemfontein and the Transkei). They underline the difference in impact and counter-measures in urban and rural areas and provide vivid case-studies of communities near breaking-point as a result of the epidemic.¹⁸ Moreover, it is likely that the effect of the 'flu and the measures taken against it elsewhere in the Union amounted to little more than variations on these experiences. Each of these five chapters also contains an examination of the local consequences of the epidemic; its more general results have been left for two later chapters. This predominantly narrative section of the study concludes with a chapter on what the fledgling Department of Public Health tried to do and the criticisms which these inadequate efforts incurred.

Chapters 7 and 8 explore the epidemic from the standpoint of medical science in 1918 and in 1984 and examine the views of doctors and the lay public as to its nature, treatment and cause. These 'medical' chapters emphasise the fact that medical history is far more than a Whiggish chronicle of doctors and their heroic battles against disease.

The next chapter tries to estimate the epidemic's toll in lives, to analyse this (insofar as this is possible) and to suggest why it was so high in certain parts of the country. It also tries to gauge some of its demographic consequences, but points out that statistics tell only part of this tale. Further consequences of a more general nature, both immediate and longer-term, are examined in chapters 10 and 11, as a preliminary to a final chapter which addresses the question of the overall significance of the epidemic in South Africa's history.

It will be easier to follow the narrative chapters of this study if they are placed in chronological perspective by a brief outline of the course of the pandemic, itself an excellent example of

18. These descriptions also demonstrate that South Africans no longer need to look only to the Black Death or Great Plague of London as exemplars of devastating epidemics.

Le Roy Ladurie's concept of 'the unification of the globe by disease'.¹⁹

The pandemic is thought to have originated in Asia late in 1917 or early in 1918, moved westwards and appeared in a mild form in Europe and North America in the first half of 1918. It was this first wave which produced the label 'Spanish' Influenza, as reports of its outbreak in non-belligerent Spain were not curtailed by any war-time censorship there.²⁰

A second, more virulent wave erupted in August 1918 and was rapidly carried around the world by war-time shipping from three main foci, Brest, Boston and Freetown. Practically no part of the globe escaped. It was probably from Freetown that the deadly second wave was brought to Cape Town in mid-September; Durban was infected slightly earlier, probably by the far milder first wave of the epidemic. (This may explain why fewer deaths occurred in Natal and those parts of the Transvaal infected from there.)

Once established in South Africa's ports, the epidemic spread inland at the speed of a locomotive on the country's railway system. By the second week of October even the most remote districts had been affected. Most communities were thrown onto their own resources to cope with the crisis, as the ubiquity of the epidemic and the absence of a strong central public health authority made it difficult to provide assistance to the worst-hit areas on any systematic basis.

Although the epidemic's presence was lethal, it was short-lived and by the middle of November it had virtually abated, leaving

19. E Le Roy Ladurie: The Mind and Method of the Historian (Brighton, 1981), ch. 2; C Graves: Invasion By Virus, pp. 18-20 contains a chronological table of the pandemic, with dates of first reported outbreaks. It is a useful but not wholly accurate guide.

20. A W Crosby: Epidemic and Peace 1918, p.26; C Graves: Invasion By Virus, pp.17-18; R Collier: The Plague of the Spanish Lady, pp.7-9.

in its trail thousands of dead, many more thousands in mourning and a severely disrupted and shaken country. A third wave of the pandemic did develop and spread around the world in 1919, but it was far less severe.

It is estimated that the Spanish Influenza pandemic affected some 500 million people, killing 20 million or more throughout the world in the course of 1918-1919.²¹ This makes it by far the worst pandemic in modern times. Nearly thirty years ago a leading epidemiologist wrote of it:

'It is too recent an event to be seen in full historical perspective, and perhaps some historian of the future will be able to see that it had effects on world history comparable with those of the Justinian Plague or the Black Death.'²²

This study attempts to go some way towards making such an assessment, at least insofar as South Africa is concerned.

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21. E B Kilbourne (ed): The Influenza Viruses and Influenza (New York, 1975), pp.272-3, 275, 504; W I B Beveridge: Influenza - The Last Great Plague (London, 1977), p.32; J M Last (ed): Maxcy-Rosenau Public Health and Preventive Medicine (11th edition, New York, 1980), p.110.

The figure of 20 million or more exceeds the total number of World War I deaths by several million (J M Roberts: Europe 1880-1945 (London, 1967), p.351-2; P Stearns: The European Experience Since 1815 (New York, 1972), p.228).

22. A H Gale: Epidemic Diseases (Harmondsworth, 1959), pp.48-9.

CHAPTER 1

THE GOLD MINES OF THE RAND

Without any warning, cases of what was later identified as Spanish 'flu suddenly began to appear among Black mineworkers on the central Rand about 18 September 1918.¹ Within a few days it had spread to mines all along the Reef, curtailing operations and filling existing mine-hospitals to such an extent that temporary hospitals had to be set up hastily to cope with the daily influx of new cases.² By 27 September over 14 000 cases had been reported,³ including more than 100 White miners.⁴ Anxiously mine medical officers submitted lung, throat, sputum and blood specimens from 'flu victims to the South African Institute for Medical Research (SAIMR) for analysis,⁵ aware of the vulnerability of Black mineworkers to pneumonia and of the danger posed by the tightly packed conditions in the compound if the highly infectious disease were to become fatal. In an effort to restrict its progress, managers were asked to discourage their workers from visiting other mines.⁶

How the 'flu reached the Rand is a matter of conjecture. The earliest recorded cases in South Africa occurred in Durban on

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1. Union of South Africa: Report of the Influenza Epidemic Commission, UG 15-'19, para. 39.
 2. IEC, vol.1, file 2: Evidence of Dr P Donaldson, pp.120-1, 125; Evidence of Dr H F Loeser, p.1.
 3. Daily Dispatch, 28/9/1918, p.7.
 4. De Volkstem, 27/9/1918, p.8.
 5. IEC, vol.1, file 2: Written Report by Dr F S Lister, 'The Influenza Epidemic on the Witwatersrand, Sept. 22nd to October 21st 1918. Bacteriological Notes', p.2; Medical Journal of South Africa, October 1918, p.284.
 6. Chamber of Mines Archives: File 'Influenza Epidemic of 1918 and 1919' (hereafter C of M 'Flu file), NRC Circular Letter no. 215, 24/9/1918.

9 September, when several Black stevedores were stricken with what seems to have been mild, first-wave Spanish 'flu'.⁷ Further cases of this sort soon followed among their fellow-workers.⁸ Whether it was these men who infected a party of Natal mine-workers bound for the Rand or whether it was a batch of infected migrant workers from Mozambique who carried this wave to the Reef (as happened during the Asiatic influenza epidemic in 1957⁹) is unknown; however, it is probable that first-wave Spanish 'flu followed one of these two paths to the gold mines of the Transvaal rather than having been 'brought by some person or persons from England by the last mail', as a contemporary report assumed.¹⁰

Initially, the 'flu was very mild in form, deaths being rare and recovery swift. In medical circles the visitation was 'not seriously regarded'; it would only 'produce temporary inconvenience without serious loss', reported Reuters, and, 'in view of the fact that such a very large number of people have been affected, the fact that there has been only one death must be considered to be reassuring'.¹¹

Nevertheless, mine officials recognised that some precautions had to be taken, for the onset of the disease was sudden, often totally incapacitating the victim without warning. The Prevention of Accidents on Mines Committee recommended that workers directly responsible for the lives of others be urged to report 'any unusual symptoms in regard to health' they experienced while on duty; in particular, it laid down that drivers 'employed in raising and lowering persons should not start the engine on any trip unless they are feeling perfectly normal'.¹²

7. Central Archives, Pretoria (hereafter CA): SAS 825, file P2/159, Memorandum for Sir William Hoy, 7/1/1919.

8. UG 15-'19, para. 38.

9. I owe this suggestion to Prof J H S Gear, former Director of the SAIMR.

10. Daily Dispatch, 25/9/1918, p.5.

11. Daily Dispatch, 28/9/1918, p.7.

12. C of M 'Flu file, NRC Circular Letter no.215, 24/9/1918.

This warning proved in vain. At 3.30am on 1 October, as he was hoisting a cage with 41 Black miners to the surface at the ERPM mine, Driver W E Hill was paralysed by a sudden attack of Spanish 'flu. As he sat before his controls, 'powerless to act ... a multitude of lights ... exploding before his eyes',¹³ the cage went on being raised until it hit the top of the head-gear and plummeted back to earth from a height of one hundred feet. It smashed onto the collar of the shaft, killing twenty of its occupants and injuring eight. The official inquiry into the accident did not find Hill to have been 'criminally neglectful, but in view of the shock to his nervous system and owing also to the lack of knowledge of the possible after-effects of Spanish influenza on a person who has contracted the malady', it felt he should not resume his job for at least a month, and then only if the mine's medical inspector certified him fit to do so.¹⁴

Yet it was not only in this indirect manner that the Spanish 'flu claimed lives on the mines. From early in October fatal complications became increasingly frequent among 'flu sufferers and the death-toll began to mount: 211 deaths between 5 October and 8 October,¹⁵ 203 on 9 October and 10 October¹⁶ and 220 between 16 October and 22 October.¹⁷ By early in November when the epidemic had waned, 1 147 Black mineworkers on the Rand had fallen victim to the Spanish 'flu. In the preceding six weeks

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13. Quoted in R Collier: The Plague of the Spanish Lady, (London, 1974), p.59.
 14. Rand Daily Mail, 17/10/1918. For further information on this accident see Union of South Africa: Annual Report of the Secretary for Mines and Industries and Government Mining Engineer for 1918, UG 38-'19, pp.38, 43, 50; Medical Journal of South Africa, December 1918, p.322; Diamond Fields Advertiser, 4/10/1918, p.7.
 15. CA: GNLB 301, file 370/18/103, NRC Circular Letter no. 209, 14/11/1918.
 16. Ibid.; and The Star, 11/10/1918.
 17. C of M: NRC file 'Spanish Influenza', Table headed 'NRC Ltd - Spanish Influenza 15.10.18'; CA: GNLB 301, file 370/18/103, NRC Circular Letter no. 209, 14/11/1918.

nearly 61 000 of the estimated 190 000 employed on the gold mines had been admitted to various mine hospitals with the disease.¹⁸

These deaths, the debility of the survivors, the return home - despite the Native Labour Bureau's efforts to dissuade them - of thousands whose contracts had expired and who wished to escape the 'flu¹⁹ cut the number of Black mineworkers on the Rand sharply. To add to this shortage the inflow of new workers in the last ten weeks of the year was much depleted²⁰ by the epidemic's ravages in the recruiting areas and the understandable reluctance of many to risk travelling to a disease-filled Rand. 'Of course very exaggerated ideas are to be found among the natives about this disease,' reported one labour recruiter from Port Shepstone on 21 October.²¹

To make the mines' labour problem even worse, late in November Spanish 'flu began to appear in a serious form among recruits arriving from Mozambique.²² Under pressure from the Portuguese

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18. The Star, 7/11/1918. Somewhat lower figures were given by the Chairman of the Native Recruiting Corporation to an NRC General Meeting (NRC Ltd: Report of Board of Management for 1918-1919, p.6), but these covered the period only to 31/10/1918 (see CA: GNLB 301, file 370/18/103, NRC Circular Letter no. 209, 14/11/1918). A later Department of Public Health report stated that 2 017 Blacks died on mines on the Rand from influenza during the whole of 1918, but it is impossible to know how many of these were from Spanish influenza (Union of South Africa: Annual Departmental Reports (Abridged), no.1, 1920-1: Department of Public Health, UG 8-'22, p.135.)
 19. The Star, 15/10/1918 (Circular issued by Director of Native Labour).
 20. See Table 1A, p.23.
 21. C of M: NRC file 'Spanish Influenza', NRC Recruiter Port Shepstone to NRC, 21/10/1918. See too letters in the same file from NRC Recruiter Indwe to NRC, 21/10/1918 and from Assistant Superintendent NRC Queenstown to NRC, 18/11/1918. Also see NRC Ltd: Report of Board of Management for 1918-1919, p.6; S A Mining Journal and Engineering Record, 30/11/1918, p.263, and 22/2/1919, p.609; Rand Daily Mail, 24/12/1918.
 22. C of M 'Flu file, WNLA Circular no. M27/18, 28/11/1918; 'Note on Position that is Arising through Spanish Influenza' by Manager and Secretary WNLA, 5/12/1918.

authorities who wished to prevent the disease spreading throughout their territory and fearful of a new wave reaching the Rand,²³ the Witwatersrand Native Labour Association (WNLA) decided to halt all recruiting in Mozambique early in December.²⁴ In return, the Portuguese authorities agreed that all Mozambican workers already in the Transvaal should remain there until recruiting was restarted. In this way it was hoped to offset the effect the suspension of recruiting would have on the Rand's labour-supply.²⁵ These measures remained in force until mid-March 1919 when the original arrangement was restored,²⁶ only to be disrupted once again in May 1919 by a fresh outbreak of Spanish 'flu in some districts of Mozambique.²⁷

As a result of these acute disruptions of the Black labour supply, by 31 December the number of Black workers on the gold mines (already 26% below requirements before the 'flu struck) had shrunk to 62% of the necessary complement.²³ The Black labour force 'had been depleted to a greater extent than ever before in the history of the mines, having regard to the scope of operations', observed the President of the Chamber of Mines gloomily in his Annual Report for 1918.²⁹

23. Ibid., 'Note on Position that is Arising ...' by Manager and Secretary WNLA, 5/12/1918 and enclosed copy of telegram from WNLA District Manager Lourenco Marques to WNLA, 4/12/1918.

24. Ibid., WNLA Circular no. M 31/18, 10/12/1918.

25. CA: NA 192, file 596/473, Portuguese Curator to Director of Native Labour, 13/12/1918; and Native Affairs Department Circular Minute A 28/18, 14/12/1918. See too CA: GNLB 301, part file 370/18/103, Manager and Secretary WNLA to Acting Director of Native Labour, 4/1/1919.

26. C of M 'Flu file, WNLA Circular no. M2a/19, 7/3/1919; CA: GNLB 301, part file 370/18/103, Manager and Secretary WNLA to Acting Director of Native Labour, 6/3/1919.

27. Transvaal Chamber of Mines: 30th Annual Report, 1919, p.543.

28. Standard Bank Archives: General Manager's Half Yearly Report, 31/12/1918, p.45.

29. Transvaal Chamber of Mines - 29th Annual Report, 1918, p.71.

The consequent fall in output and profits was dramatic,³⁰ striking a sharp blow to an industry already in the midst of a crisis of profitability.³¹ In November 1918 seventeen of the 48 mines on the Rand reported a net loss for the month.³² The overall profit for November of £480 102 was described in the industry as 'the poorest monthly profit since the Chamber of Mines recorded the financial results of working, the figure being nearly £300 000 below that of the strike month, July, 1913'.³³ 'The influenza has indeed played havoc with the profits and makes one very anxious about the future', admitted Sir Lionel Phillips, chairman of Central Mining, in a private letter to the President of the Chamber of Mines. 'One thing after another appears to arise to prey upon the gold mines.'³⁴

The 'flu epidemic's adverse effect on one of the cornerstones of the mining industry's profitability, a ready supply of cheap Black labour, continued for several months,³⁵ exacerbating the problem of low grade mines in particular. At the already faltering Princess Estate Mine, for instance, the 'flu 'reduced the number of natives available for work to such an extent that development operations were again impeded for several months'.³⁶ Together with other problems, this was to prove disastrous to its continued operation within eighteen months.³⁷

30. See Tables 1B and 1C, p.23.

31. F A Johnstone: Class, Race and Gold (London, 1976), pp.93-104; D Yudelman: The Emergence of Modern South Africa (Westport, Conn., 1983), pp.134-141.

32. S A Mining Review, December 1918, p.211.

33. Ibid.

34. M Fraser and A Jeeves (eds): All That Glittered - Selected Correspondence of Lionel Phillips (Cape Town, 1977), p.318.

35. See Table 1A, p. 23.

36. Union of South Africa: Report of Committee of Inquiry into the Closing Down of the Princess Estate Mine, UG 39-'20, p.4.

37. Ibid., pp.7, 10.

Some mines tried to speed up the introduction of jackhammers and machine-drills to reduce their labour needs, but this was a long-term solution, with political, economic and practical limits.³⁸ More common, especially once World War I had ended, was a louder, more insistent demand for recruiting to be again permitted north of latitude 22°S.³⁹ If this was not sanctioned, warned the industry's representatives, dire consequences would follow.⁴⁰ In a clear bid to force the Government's hand in this matter, in May 1919 the President of the Chamber of Mines addressed an open letter to F S Malan, Acting Prime Minister and Minister of Mines and Industries, in which he complained, inter alia, of the 'constantly decreasing supply of native labourers.... So far as we can see,' he went on, 'nothing can now prevent a number of important mines, employing a large number of Europeans and upon whose operations the prosperity of a considerable section [sic] of the Witwatersrand depends, from ceasing operations in the next few months. The situation is one of the utmost gravity, its most serious aspect being the unemployment and distress that are bound to follow.'⁴¹

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38. Rand Daily Mail, 27/11/1918; S A Mining Journal and Engineering Record, 1/2/1919, p.500; Transvaal Chamber of Mines - 29th Annual Report, 1918, p.44; Johannesburg Consolidated Investment Coy. Ltd: Report of the Directors and Statement of Accounts for Year ended 30/6/1919, p.12. Only after White labour had been crushed in 1922 could this machinery be more rapidly introduced (F A Johnstone: Class, Race and Gold, pp.142-143; R H Davies: Capital, State and White Labour in South Africa 1900-1960 (Brighton, 1979), pp.157-158).
39. Until 1913 Blacks from north of latitude 22°S were recruited for the gold mines. However, so heavy was mortality among them, especially from pneumonia, that in that year the South African Government prohibited further recruiting in these areas. An attempt early in 1918 to have this ban lifted failed (F A Johnstone: Class, Race and Gold, p.97; S v d Horst: Native Labour in South Africa (London, 1942), p.221).
40. See for instance, S A Mining and Engineering Journal, 5/7/1919, p.537; ibid., 19/7/1919, p.576; WNLA: Report of Board of Management for 1918, Chairman's speech at meeting, 28/4/1919.
41. S A Mining and Engineering Journal, 24/5/1919, p.351. See too D Yudelman: The Emergence of Modern South Africa, p.139.

The following month the Government appointed a commission of inquiry to look into the overall position of the 21 low grade mines. However, its recommendation that Blacks from north of latitude 22°S be recruited⁴² was not accepted, as the premium price for gold from July 1919 rendered the position of these mines less precarious, at least for the time being.⁴³ However, as the President of the Chamber of Mines recognised, the problem of the low grade mines had not been solved, 'but merely postponed'.⁴⁴

Meanwhile, no opportunity had been lost by the mining industry to impress on Government, recruiter and labourer how satisfactory medical facilities and living conditions on the mines really were. The comparatively low mortality from Spanish 'flu was widely publicised, 'eloquent testimony', declared the President of the Chamber of Mines, 'to the medical officers of the mines, the compound managers, and the hospital staffs'.⁴⁵ Indeed, in his presidential address the following year he regretted that labour recruiting had come to a standstill at the time, for it was impossible to prevent the 'flu spreading, 'and the natives are better off on the mines than at their homes, and no more likely to contract the disease.'⁴⁶

How this rosy picture of conditions on the mines was communicated to the very source of the much-desired labour is well illustrated

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42. Union of South Africa: Interim Report of the Low Grade Mines Commission, UG 45-'19, para. 45.
 43. Union of South Africa: Report of the Low Grade Mines Commission, UG 34-'20, paras. 1, 2; F A Johnstone: Class, Race and Gold, pp.95, 119; It was not until 1933 that the ban on labour from north of 22°S was partially lifted (S v d Horst: Native Labour in South Africa, p.222).
 44. Transvaal Chamber of Mines - 30th Annual Report, 1919, p.64.
 45. S A Mining Journal and Engineering Record, 30/11/1918, p.263. See too NRC Ltd: Report of Board of Management for 1918-1919, p.6; and Cape Archives: 1/BUT 58, file 31, extract from speech by Wallers to Native Chiefs and Councilors, 26/3/1919.
 46. Transvaal Chamber of Mines - 29th Annual Report, 1918, p.71.

by an item in the Matatiele Mail in November 1918.⁴⁷ This report was no more than a precis of a Native Recruiting Corporation (NRC) circular⁴⁸ which had praised the 'prompt measures taken to combat the epidemic' and the 'thorough organization and equipment of native hospitals on the Mines'; it also pointed out that the 'flu epidemic had not made dreaded pneumonia any more common on the gold mines.

'The low percentage of deaths speaks well for the way the boys are treated by the mines belonging to the Native Recruiting Corporation,'

commented the Matatiele Mail approvingly.⁴⁹

Yet it was not primarily these assurances which slowly increased the supply of labour during 1919. Far more important were the waning of the 'flu in the recruiting areas and the pressing shortage of food in areas such as the Transkei and Ciskei. In part, this stemmed from poor harvests as a result of a severe drought and late planting caused by the epidemic.⁵⁰ As early as January 1919 a well-informed authority on the Rand was forecasting that,

'owing to the poor crops in some of the Native Territories and losses suffered through the Epidemic, a considerable increase in the supply [of labour] may be anticipated in the near future.'⁵¹

In spheres other than labour the epidemic left little permanent mark on the gold-mining industry. Comforted by the relatively low death-toll compared to Kimberley (where the far more virulent second wave of Spanish 'flu had decimated the

47. Matatiele Mail, 28/11/1918.

48. CA: GNLB 301, file 370/18/103, NRC Circular no. 209, 14/11/1918.

49. Matatiele Mail, 28/11/1918.

50. See chapter 5, pp.179-184.

51. Standard Bank Archives: General Manager's Half-Yearly Report, 31/12/1918, p.46.

workforce⁵²), senior medical men in the Rand mining establishment seem to have concluded that in their compounds conditions were not in need of significant reform.⁵³

Reconstructing the epidemic experience of the subjects of all this concern on the part of the mining industry, the Black mine-workers, is difficult, as sources are scanty. The close supervision exercised over them meant that few serious cases of 'flu went undetected and the recollections of 'flu survivors are dominated by memories of mine hospitals and hastily-converted dormitories filled with coughing men, running high fevers.⁵⁴ It appears that up to 14 October, the anti-'flu vaccine manufactured by the SAIMR was not generally employed,⁵⁵ probably because adequate supplies were not yet available. As for the efficacy of Lister's anti-pneumococcal vaccine⁵⁶ against the pneumonic complications attendant upon the 'flu, the evidence is inconclusive.⁵⁷

Many of those mineworkers who left the Rand to return home must have gone through grim experiences. Numerous deaths occurred on the road or in the veld as groups made their way homeward on

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52. See Chapter 3, pp.100,104. Spanish 'flu mortality in the mining compounds of the Rand also seems to have been significantly lower than that in the gold mines of Southern Rhodesia and the copper mines of Katanga (I Phimister: 'The "Spanish" Influenza Pandemic of 1918 and its Impact on the Southern Rhodesian Mining Industry' in Central African Journal of Medicine, XIX (July, 1973), p.146; C van Onselen: Chibaro (London, 1976), p.55; C Perrings: Black Mine-workers in Central Africa, (London, 1979), pp.40, 171).
 53. See for instance, IEC, vol. 1, file 1: Evidence of Dr W Watkins-Pitchford, p.39; IEC, vol. 1, file 2: Evidence of Dr A H Watt, pp.122-3.
 54. Interviews with Mr J Mfunda and Mr B Mbeki.
 55. Transvaal Chamber of Mines - 29th Annual Report, 1918, p.96.
 56. Dr F S Lister, Chief Bacteriologist at the SAIMR, was developing a vaccine to counter the pneumonia which claimed the lives of so many Black mineworkers, especially those from north of latitude 22°S. (F Wilson: Labour in the South African Gold Mines 1911-1969 (Cambridge, 1972), p.68).
 57. Transvaal Chamber of Mines - 29th Annual Report, 1918, pp.96-97; IEC, vol. 1, file 2: Evidence of Dr H A Loeser, p.1.

foot. A farmer in the Graskop district reported that it was quite common 'to come across natives all along the road just left to die'. He had seen 'gangs of natives fleeing in terror from a sick boy lying in the road'. To him it seemed that, 'if an ailing native is unable to proceed farther he is simply abandoned by his friends or brothers who may happen to have been accompanying him'.⁵⁸

Aboard the packed trains on which 'there were frequent occurrences of natives being carried off ... in a dying condition',⁵⁹ conditions in the Black coaches must have been horrific. On one such train the ticket-collector refused to enter these carriages 'because there was so much illness there'. When another passenger went in, he found 'it was a ghastly mess'.⁶⁰ An equally chilling picture is conjured up by De Burger's Pietersburg correspondent who wrote that corpses of Blacks 'word langs die spoor van die treine gehaal tot bij Messina'.⁶¹

Indeed, so bad did conditions on these trains become that in the middle of October the NRC arranged for hastily equipped hospital coaches to be attached to trains carrying large numbers of Blacks to or from the Rand. Supplied with basic medical

58. The Star, 8/11/1918 (Letter from D H Poole). For similar accounts, see Transkeian Gazette, 24/10/1918, Editorial; Report of Transvaal Native Mission of the Presbyterian Church of South Africa for 1918, p.4.

59. IEC, vol. 1, file 1: Evidence of F B Rees, pp.106-7.

60. IEC, vol. 2, file 8 no. 2: Evidence of W H Stuart, p.4.

61. De Burger, 25/10/1918, p.2. For similar accounts see CA: SAS 719, file G 119/5, telegrams from Station Master Naaupoort to SAR, Johannesburg, 12/10/1918 and from Divisional Superintendent Port Elizabeth to SAR, Johannesburg, 19/10/1918; Cape Archives: 1/EDL 6/1/13, file 28/1B, telegram from Magistrate Elliotdale to Chief Magistrate Transkei, 14/10/1918; IEC, vol. 1, file 4: Evidence of J B Moffat, p.1; SADF Archives: DC 1303, file 4003, Melle to Orenstein, 1/12/1918; Territorial News, 12/12/1918, Transkeian Gazette, 24/10/1918, Editorial.

requirements, each of these was manned by one White orderly and four Black attendants. Soup kitchens and a coffee-stall to dispense free sustenance to Black passengers were also set up at main stations en route.⁶²

As for the Mozambican mineworkers forced to remain in the Transvaal by the 'no recruiting, no repatriation' agreement between the South African and the Portuguese authorities,⁶³ they seem to have accepted their lot 'with little demur',⁶⁴ despite the forebodings of South African officials.⁶⁵ The only public expression of impatience came from the 160 Mozambicans with phthisis in the WNLA Hospital who, as they 'were all more or less in a very poor state of health owing to the diseases contracted, ... naturally wished to spend the last few days with their own kith and kin'.⁶⁶

When the embargo on repatriation was finally lifted early in March 1919, matters seem to have proceeded smoothly if slowly, under the strict supervision of Government and recruiting officials who had feared an uncontrolled rush by the 10 000 Mozambican workers concerned.⁶⁷

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62. Transkeian Gazette, 31/10/1918, Editorial; The Star, 22/10/1918 (Circular by Acting Director of Native Recruiting); C OF M: NRC file 'Spanish Influenza', Acting Chairman NRC to Dr J F Young, 22/10/1918; NRC Ltd: Report of Board of Management for 1918-1919, p.6; CA: GNLB 301, part file 370/18/103, Acting Director of Native Labour to Secretary for Native Affairs, 13/11/1918.
63. See p.14 above.
64. CA: NA 192, file 596/473, Acting Director of Native Labour to Secretary for Native Affairs, 3/2/1919.
65. Ibid., and telegram from Governor-General to Governor-General of Mozambique, 27/2/1919.
66. CA: GNLB 301, part file 370/18/103, W Walker, Inspector Native Affairs Department, Johannesburg Central to Director of Native Labour, 3/3/1919.
67. C of M 'Flu file, WNLA Circular no. M 2a/19, 7/3/1919; CA: GNLB 301, part file 370/18/103, Acting Director of Native Labour to Inspectors and Pass Officers, 8/3/1919, and Acting Director of Native Labour to General Manager, SAR & H, 12/3/1919; NA 192, file 596/473, Acting Director Native Labour to Secretary of Native Affairs, 19/3/1919.

In short, the chief significance of the 'flu epidemic for the Rand gold mines lay in the way that it aggravated the already ✓ serious shortage of Black workers. As such, it intensified the greater profitability crisis facing the mines, a crisis which ✓ was ultimately to lead to the Rand Revolt of 1922.

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TABLE 1: EFFECT OF SPANISH 'FLU EPIDEMIC ON SUPPLY OF BLACK LABOUR, ON OUTPUT AND ON PROFITS OF RAND GOLD MINES, AUGUST 1918 - JULY 1919

(A) LABOUR

		TOTAL NUMBER OF BLACK WORKERS EMPLOYED AT GOLD-MINING MEMBERS OF WNLA	BLACK WORKERS RECRUITED EACH MONTH BY WNLA AND NRC
1918	Aug.	179 390	21 257
	Sept.	179 399	20 995
	Oct.	173 153	15 753
	Nov.	160 275	5 940
	Dec.	152 060	7 705
1919	Jan.	160 599	21 102
	Feb.	172 359	23 706
	March	175 620	21 857
	April	175 267	19 865
	May	173 376	16 505
	June	172 505	15 234
	July	173 613	18 319

(B) OUTPUT

(C) PROFITS

		TONS HOISTED	WORKING PROFITS (£)
1918	Aug.	2 351 292	676 146
	Sept.	2 215 980	600 330
	Oct.	2 214 943	531 774
	Nov.	2 053 759	480 102
	Dec.	1 987 403	507 860
1919	Jan.	2 117 293	547 793
	Feb.	1 981 606	498 204
	March	2 241 859	573 582
	April	2 189 059	573 143
	May	2 282 184	608 715
	June	2 174 488	592 361
	July	2 333 353	611 118

(Source: Transvaal Chamber of Mines - Annual Reports, 1918 and 1919)

CHAPTER 2CAPE TOWN

In the middle of September 1918, at the same time as cases of Spanish Influenza were first being noted in Durban and on the Rand, Cape Town was progressively being infected from another direction. As with most epidemics in the city's history, the introduction of Spanish 'flu was ship-borne. Indeed, some officials believed that as early as July 1918 vessels had begun to arrive in Cape Town with cases of the mild first-wave Spanish influenza then prevalent in Europe.¹ However, as influenza was not a notifiable disease and since the outbreaks were so benign, few had reported these cases.²

It was not until 13 September, when the 'Jaroslav' arrived, that the Port Health Officer in Cape Town was informed of the presence of unusually infectious influenza on an incoming ship.³ The 'Jaroslav' was a troopship bringing some 1 300 South African Native Labour Corps (SANLC) troops home from Europe to be demobilized. Her Medical Officer reported that there had been 43 cases of influenza on board since she had called at Freetown, Sierra Leone;⁴

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1. IEC, vol. 2, file 6: Evidence of Dr F C Willmot, pp.1,11; vol. 2, file 7, part 1: Written Evidence by Dr Willmot, 29/11/1918, p.1 and 15/1/1919, p.1 and Annexure A; Evidence of Dr P J W Keet, p.1; vol. 2, file 8, part 2: Evidence of Lt Col A Wright, p.2; Union of South Africa: Report of the Influenza Epidemic Commission, UG 15-'19, paras. 21, 24; Cape Argus, 5/11/1918, p.7 (Letter from 'Be Prepared'). See too ch. 7, p.236.
 2. IEC, vol. 2, file 6: Evidence of Dr Willmot, pp.1,4; vol. 2, file 7, part 1: Evidence of Dr Keet, pp.2-3.
 3. IEC, vol. 2, file 7, part 1: Evidence of Dr Keet, p.2.
 4. IEC, vol. 2, file 6: Evidence of Dr Willmot, p.2; vol. 2, file 7, part 1: Written Evidence of Dr Willmot, 29/11/1918, p.2 and Annexure A. UG 15-'19 gives a slightly lower figure in para. 31, but accepts the figure in the text in para. 21.

thirteen of these were still laid up when she reached Cape Town.⁵ However, he insisted that all the cases were very mild; he was convinced that it was ordinary influenza, save for its abrupt onset and short-lived course.⁶ In fact, it is almost certain that these were early cases of the virulent second wave of Spanish 'flu which had originated in Freetown, Brest and Boston in August 1918.⁷

Unable to reconcile the Medical Officer's report with what he had already read about the seriousness of the Sierra Leone outbreak in the press, the Port Health Officer consulted the local Assistant MOH of the Department of Public Health, Dr F C Willmot.⁸ As there had been one death on board the 'Jaroslav' on the night of her arrival, Willmot decided that those still suffering from influenza should be isolated in military hospitals ashore; the rest of the contingent were to be kept in quarantine at Rosebank Camp for two days until a post-mortem had been carried out on the dead man. During this time they were to undergo three thorough medical examinations before being allowed to leave.⁹ When none developed 'flu (or any other) symptoms during this period, they were permitted to embark on trains for home on 16 and 17 September.¹⁰

5. Ibid.

6. IEC, vol. 2, file 7, part 1: 'Report on HMS Jaroslave [sic] handed in by Dr P W J Keet', p.1.

7. A W Crosby: Epidemic and Peace, 1918 (Westport, Conn., 1976), pp.37-8; Debates of the House of Assembly of the Union of South Africa as reported in the Cape Times, vol. 4, p.16, col. 2; Rondebosch Boys' High School Magazine, 4th Quarter 1918, pp. 15-16.

8. IEC, vol. 2, file 7, part 1: Written Evidence by Dr Willmot, 29/11/1918, p.2; Evidence of Dr Keet, p.2; Letter from Dr J P Immelman to author, 29/5/1978.

9. IEC, vol. 2, file 6: Evidence of Dr Willmot, p.2; vol. 2, file 7, part 1: Written Evidence by Dr Willmot, 29/11/1918, p.2; vol. 2, file 8, part 2: Evidence of Lt Col A Wright, pp.2-3; SADF Archives, Pretoria: DC 1303, file 4003, ADMS Hewat to DMS, 23/10/1918, enclosing Report by Major A Dunley-Owen; WWI 1914-18 Diverse, Box-file 36, General War Diary, Diary of No. 1 General Hospital, Wynberg for September 1918.

10. IEC, vol. 2, file 7, part 1: Written Evidence by Dr Willmot, 29/11/1918, p.2; vol. 2, file 8, part 2: Evidence of Major C G Davidson, p.1.

The following day influenza appeared among the camp staff at Rosebank,¹¹ in the ranks of the transport unit which had conveyed the troops there¹² and among the hospital staff at No. 7 Military Hospital, Woodstock where most of the 'Jaroslav's' 'flu cases had been confined.¹³

When cases were also discovered on 19 September among SANLC and Cape Corps troops newly arrived at Rosebank from a second troopship, the 'Veronej', which had also called at Freetown, Willmot recognized 'that this was more than ordinary influenza'¹⁴ and instructed that 'Jaroslav'-type measures be applied to these men viz. three thorough medical examinations in the 72 hours prior to departure. This was done and only troops with no sign of 'flu were permitted to entrain for the interior between 27 and 30 September,¹⁵ leaving Willmot satisfied that adequate precautions had been taken to contain this unusually infectious (but quite mild) outbreak.¹⁶ 'He regarded it as serious only to the extent that he thought it would spread', he later explained to the Influenza Epidemic Commission. 'He had nothing to indicate that the mortality would be high.'¹⁷ Moreover, his belief that Sierra

11. Ibid.

12. Evening Post, 28/8/1965, Weekend Magazine, p.1 (Letter from Reverend Lewis).

13. UG 15-'19, para. 31.

14. IEC, vol. 2, file 6: Evidence of Dr Willmot, p.4.

15. IEC, vol. 2, file 6: Evidence of Dr Willmot, p.2; vol. 2, file 7, part 1: Written Evidence by Dr Willmot, 29/11/1918, pp.2-3; vol. 2, file 8, part 1: Evidence of Major C G Davidson, pp.1-3; UG 15-'19, para. 35.

16. Including the preparation of autogenous vaccine from cases among the troops - see ch. 6, p.192.

17. IEC, vol. 2, file 6: Evidence of Dr Willmot, p.14. In asserting this, Willmot made it clear that he had not regarded the pneumonia deaths among Nigerian troops on the 'Shuja', which had arrived from Mesopotamia via Durban on 15/9/1918, as stemming from influenza. (His reasons for this appear in IEC, vol. 2, file 7, part 1: Written Evidence by Dr Willmot, 29/11/1918, pp.3-4). It is difficult to say whether he was correct in this conclusion, since Spanish 'flu did break out a week later among the rest of the 'Shuja's' Nigerian troops, under close quarantine at Craig's Battery since being landed

Leoneans were especially prone to disease had made him feel that undue weight should not be given to accounts of the seriousness of the outbreak there.¹⁸

On 27 September he left for George to investigate a mysterious disease which had broken out there.¹⁹ By the time he returned to Cape Town on 6 October,²⁰ Spanish 'flu and pneumonia deaths were exceeding 160 a day in the municipal area alone.²¹

How sure is it that infected troops from the 'Jaroslav' and the 'Veronej' did introduce this epidemic? When the circumstances of their landing became generally known in Cape Town early in October, the press needed little persuading that they were responsible. Their criticism of the Public Health Department was sharp: the Cape Times which, even before the 'flu broke in Cape Town had urged precautions lest the outbreak in Sierra Leone spread to the Union,²² described the Department's officials as 'gravely lacking in a sense of their duty to the public',²³ while De Burger accused the Department of 'grove nalatigheid',²⁴ and asked rancorously whether

(IEC, vol. 2, file 8, part 2: Evidence of Colonel Sir John Hewat, p.1; UG 15-'19, paras. 21 and 40). Willmot's statement also suggests that he was unaware of the deaths of 'flu cases landed from the 'Jaroslav' and 'Veronej', or at least the import of these deaths (see p. 29). Certainly he made no mention of these in his evidence to the Influenza Epidemic Commission; perhaps the military authorities did not inform him of them.

18. IEC, vol. 2, file 6: Evidence of Dr Willmot, pp.3,13.

19. IEC, vol. 2, file 6: Evidence of Dr Willmot, p.5.

20. Ibid.

21. Corporation of the City of Cape Town: Minute of Mayor for Year Ending 4/9/1919 (hereafter cited as CTMM 1918-1919), Appendix 8 (Report of MOH), Chart B.

22. Cape Times, 21/9/1918, Editorial.

23. Cape Times, 7/10/1918, Editorial.

24. De Burger, 14/10/1918, Editorial.

'die siekte dan weer maar net een van die onheile...[is], waaraan Suid-Afrika moet lij as gevolg van die verderfelike politiek om ons inboorlinge na die vegterrein van Europa te stuur?'²⁵

Newspapers and their readers elsewhere in the Union readily accepted this allocation of blame and joined in the criticism, especially once the 'flu had spread to their own regions.²⁶

Even the Governor-General expressed the opinion (in private) that the Public Health Department was 'extraordinarily stupid and wanting in foresight, pedantically allowing the Influenza to come in from the Transport (Native) where it had been raging.'²⁷ When Dr Willmot tried to justify his actions by citing the existence of cases prior to the 'Jaroslav's' arrival, the mildness of her cases and the unprecedented virulence which had developed in Cape Town,²⁸ he was assailed by press and laymen from all quarters. It was a 'highly controversial and utterly unconvincing statement', declared the Cape Times,²⁹ while the pro-Government Ons Land spoke of it as 'voorbarig en als op heden ongepast'.³⁰ In the midst of the epidemic crisis few felt it necessary to look beyond the 'Jaroslav' and 'Veronej' troops as the obvious source of infection.

The evidence for such a conclusion is strong. It was not difficult for the disease to spread, for quarantine at the Rosebank Camp and the military hospitals was less than rigorous. This is what the rapid infection of the staffs at these institutions points to; moreover, it is known that at least some of the troops at Rosebank

25. De Burger, 8/10/1918, p.2.

26. See ch. 6, pp.198-200.

27. Central Archives, Pretoria: A1 (Smuts Collection), vol. 203, Buxton to J C Smuts, 5/11/1918.

28. Cape Times, 15/10/1918, p.6.

29. *Ibid.*, Editorial.

30. Zuid Afrikaan vereenigd met Ons Land, 17/10/1918, Editorial. See too Cape Argus, 15/10/1918, Editorial; De Burger, 16/10/1918, Editorial; De Volkstem, 25/10/1918, Editorial, and 1/11/1918, Editorial.

were allowed out of camp;³¹ indeed, a local Black journalist, F Z S Peregrino, wrote of their being 'permitted to prowl in shoals about the Peninsula, notably in District Six.'³²

Secondly, four or five of the cases landed from the 'Jaroslav' died from influenza or pneumonia within a week of their admission to hospital; several from the 'Veronej' also succumbed.³³ This suggests that the 'flu brought by these ships was not merely a more infectious dose of first-wave Spanish 'flu. It was developing a fatal character of its own, the distinctive feature of the deadly second wave of Spanish 'flu.

Thirdly, the first recorded civilian cases occurred soon after the two ships' arrival, among people closely connected with the harbour: a fisherman on 23 September³⁴ and stevedores in the Docks Location on 25 September.³⁵ (There was perhaps a case among them even earlier, on 21 September.³⁶)

On the other hand, Willmot's insistence that influenza was present on several ships which preceded the 'Jaroslav' and 'Veronej' must be borne in mind. Yet, if this was so, it was probably mild first-wave Spanish 'flu and does not seem to have caused a significant increase in influenza in Cape Town at the time, despite Willmot's suggestions to the contrary.³⁷ Even if it did, and Willmot was

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- 31. IEC, vol. 2, file 8, part 2: Evidence of F Z S Peregrino, p.1; Evidence of Major C G Davidson (recalled), p.1.
 - 32. Cape Argus, 9/10/1918, p.4 (Letter from F Z S Peregrino).
 - 33. IEC, vol. 2, file 8, part 2: Evidence of Colonel Sir John Hewat, p.1; Cape Archives, Cape Town (hereafter CACT): 3/CT, vol. 6/2/1/2/19, Deaths Registered Week Ended 20/9/1918, p.32, Deaths Nos. 1325, 1332; Week Ended 27/9, p.42, Deaths Nos. 1340, 1347, and p.44, Deaths Nos. 1373-5; Week Ended 4/10, p.1, Deaths Nos. 1385, 1386 and p.2, Deaths Nos. 1397, 1398, 1401.
 - 34. IEC, vol. 2, file 8, part 2: Evidence of Mrs K H R Stuart, p.1.
 - 35. IEC, vol. 2, file 8, part 2: Evidence of H Salmon p.1; Industries, November 1918, p.577.
 - 36. CACT: 3/CT, vol. 6/2/1/2/19, Deaths Registered Week Ended 27/9/1918, p.43, Death No. 1355.
 - 37. IEC, vol. 2, file 7, part 1: Written Evidence by Dr Willmot, 29/11/1918, p.3 and Annexure B; CACT: 3/CT, vol. 1/1/6/3/1/21, p.619, 'Report to the Mayor and Councillors on the Influenza

therefore technically correct in asserting that the 'Jaroslav' and 'Veronej' troops were not the first to bring Spanish 'flu to Cape Town, everything points to their being the ones who introduced the fatal second wave. ✓

How much blame for this can be attached to the Public Health Department and the UDF is another matter. The UDF was surely guilty of not enforcing the quarantine measures adequately, as instructed. As for the Public Health Department, given the non-notifiability of influenza and its initial mildness, it is to its credit that its officials detected the 'flu on the two troopships at all - if these had been ordinary passenger ships, it is unlikely that the influenza aboard would have been reported, let alone their passengers subjected to quarantine. However, having had their disquiet aroused, these officials did not follow up their presentiments, ignoring the deaths of cases sent to hospital and failing to brief even Cape Town's MOH, Dr Jasper Anderson, as to what was going on. Anderson told the Influenza Epidemic Commission that nothing had been said to him about the 'Jaroslav' and the 'Veronej' or the quarantining of their troops. It was surely with some irony in his voice that he added, 'If he had been notified of these ships arriving with a history of Influenza it would have been helpful to him.'³⁸

By 1918 four years of war had swollen the population of Cape Town and its environs substantially to over 270 000 people, about 40% of these Whites and 60% 'Coloured' and Black. This figure

Epidemic September, October, November 1918 by the Medical Officer of Health A Jasper Anderson' (hereafter CT MOH's Report), p.2.

38. IEC, vol. 2, file 8, part 2: Evidence of Dr J Anderson, p.1. See too p.5.

showed an increase of some 90 000 since the census of 1911.³⁹ Several thousand of these would have been soldiers and sailors on wartime service, but existing accommodation still fell far short of the increased demand and many Capetonians were crammed into overcrowded and insanitary houses and tenements in areas like District Six, the Malay Quarter, Woodstock and Salt River. In June 1917 the MOH had reported that he had had to limit action against insanitary property 'owing to the present dearth of houses in the City.'⁴⁰

The City Council was seriously worried by the situation: in 1916 it had instituted an enquiry to determine the extent of overcrowding⁴¹ and had followed this up by setting up a Special Council Committee on Overcrowding.⁴² In 1917 it had agreed to provide housing for some of its own employees at the new Maitland Garden Village in an effort to ease the situation,⁴³ while at the same time initiating action to demolish the worst slums around Wells Square in District Six.⁴⁴

Nor was it alone in its anxiety about what might result from unchecked overcrowding and an insanitary environment which deteriorated by the month. Articles in the press and representations by concerned citizens and bodies testify to the disquiet at these conditions felt by many, both out of self-interest and social

39. These figures cover both the Cape Town and Wynberg Magisterial Districts and make provision for several thousand soldiers and sailors in the Peninsula on wartime service too. They are derived from Union of South Africa, Office of Census and Statistics: Statistics of Population 1917, UG 37-1919, p.4 and Union of South Africa: Annual Report of Department of Justice for 1918, UG 36-1919, pp.36-7. Because the 1918 census covered Whites only, the figures for the other races are estimates.

40. CTMM 1916-1917, Appendix 8 (MOH Report), p.xxxvii.

41. CACT: 3/CT, vol. 1/4/7/1/1/8, p.260; CTMM 1915-1916, Appendix 8 (MOH Report), p.xlii.

42. CACT: 3/CT, vol. 1/4/7/1/1/8, p.471.

43. CTMM 1916-1917, p.17; CTMM 1917-1918, pp.12-17.

44. CTMM 1916-1917, p.16.

concern.⁴⁵ Late in 1917 a number of these middle-class men and women founded the Citizens' Housing Council to work for a solution to the housing problem.⁴⁶ Many of them had no doubt heard Canon Lavis of St Paul's in Bree Street make an ominous prediction at a mass meeting on the overcrowding issue in September 1917, one that was echoed by several other informed observers during that year and the next.⁴⁷ He told his audience:

'There were two ways...by which the present state of affairs could be altered. One was an epidemic, and the other was to carry out a wise scheme of municipal housing.'⁴⁸ ✓

In Cape Town's overcrowded conditions Spanish 'flu (perhaps assisted by a spell of changeable weather⁴⁹) spread rapidly among the civilian population, especially in District Six and the Malay Quarter. Since it was not a notifiable disease, cases were not officially reported, but as early as 24 September rumours of its presence were circulating around the town.⁵⁰ By the

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45. CACT: 3/CT, vol. 1/4/2/7/1/3, p.224; 3/CT, vol. 1/5/1/1/8, pp.97,149-50; 3/CT, vol. 1/4/7/1/1/7, pp.77f.,110-111,221; 3/CT, vol. 1/4/7/1/1/8, pp.259-260,284; IEC, vol. 2, file 8, part 2: Evidence of A Ridout, p.1; New True Templar, September 1918, p.2; The Architect and Builder, 1/10/1917, pp.59-61; South African Review, 26/1/1917, p.22; 23/3/1917, p.8.
46. Union of South Africa: Report of the Housing Committee to Inquire into Matters Concerning Housing Accommodation in Urban Areas and the Amendment of the Unhealthy Areas Bill, UG 4-'20, para. 7.
47. CACT: 3/CT, vol. 1/4/2/7/1/3, p.224; IEC, vol. 2, file 8, part 2: Evidence of A Ridout, p.1; The Architect and Builder, 1/10/1917, pp.59-61; New True Templar, September 1918, p.2; South African Review, 26/1/1917, p.22; 23/3/1917, p.8.
48. Cape Times, 10/9/1917, p.7.
49. IEC, vol. 2, file 6: Evidence of Dr Willrot, p.11; Cape Argus, 3/10/1918, p.7; 28/10/1918, p.6; The Star, 11/10/1918; C M J Aarts de Vries: Ziekeverpleging in Huis (Cape Town, 1919), p.67; Tembuland News, 8/11/1918.
50. Cape Argus, 24/9/1918, p.5; 28/9/1918, p.8; Daily Dispatch, 25/9/1918, p.5.

beginning of the following week there was no doubting its prevalence; it 'may almost be said that every other household is affected', wrote the Cape Argus on 1 October.⁵¹ As yet its form remained mild, however, laying up numbers of people but probably not claiming its first town victim until 30 September. This was John Smith, a twenty-year old 'Coloured' brushmaker working for the UDF, but living at 18 Roger Street in District Six.⁵² ✓

Although businesses reported a number of their employees off sick,⁵³ few Capetonians regarded the 'flu with alarm, especially since the press carried re-assuring statements by doctors that there was no serious danger.⁵⁴ In comfortable circles people made light of this fashionable new ailment. 'It was regarded as quite a joke', recalled a woman then at the University of Cape Town. 'She's gone down with Spanish 'flu. What's the fuss about?' her friends asked when she contracted it.⁵⁵ At the Opera House, a cough in the audience provided the actor on stage with an excellent opportunity to ad-lib, 'Ha, Spanish 'flu, I presume?' The remark brought the house down.⁵⁶

Within days, such lightheartedness had vanished, giving way to a feeling of unease and concern at a situation which was steadily

51. Cape Argus, 1/10/1918, p.5.

52. CACT: 3/CT, vol. 6/2/1/2/19, Deaths Registered Week Ended 4/10/1918, p.2, Death No. 1404.

53. Cape Times, 1/10/1918, p.5; 2/10/1918, p.8; Cape Argus, 2/10/1918, p.7.

54. Cape Times, 30/9/1918, p.7; 1/10/1918, p.5; Cape Argus, 2/10/1918, p.7; 3/10/1918, Editorial and p.7. The one note of warning came from a 'well-known Cape Town doctor' in Cape Times, 2/10/1918, p.8, who warned that if people carried on as usual after contracting the 'flu, 'I guarantee one per cent of the cases will terminate fatally, not from influenza, but from pneumonia.'

55. Interview with Mrs F Clouts. For similar early responses see South African Jewish Chronicle, 18/10/1918, p.945; South African Postal and Telegraph Herald, November 1918, p.50; South African Lady's Pictorial, November 1918, p.26; Witwatersrand University Library, Historical and Literary Papers Division: AB 186 (Archbishop W M Carter Letters), Carter to Lord Wenlock, 13/10/1918.

56. Cape Argus, 2/10/1965, Magazine Section, p.11.

worsening. In the first five days of October not only had the supposedly harmless 'flu continued to spread apace, but it had begun to claim numerous lives too, especially among 'Coloureds'.⁵⁷ Police reported finding dead and dying 'flu victims in the streets of District Six and the Malay Quarter⁵⁷ and whole families prostrate, with no-one to look after them.⁵⁸ On Saturday 5 October 78 deaths were recorded (64 'Coloured' and 14 White),⁵⁹ a total nearly eight times the usual daily figure of 10.⁶⁰

Still in the dark as to the extent of the epidemic, Dr Anderson initially believed that it could be contained by the traditional practice of isolation. He tried to concentrate cases at the City Infectious Diseases Hospital and Rentzkies Farm Isolation Camp,⁶¹ but these quickly proved inadequate and hospitals started to fill up rapidly. As newspapers began to carry advertisements for medicines to be used specifically against Spanish 'flu⁶² and to provide advice on treatment,⁶³ pharmacists did a roaring trade in 'remedies' such as quinine, aspirin and cinnamon tablets.⁶⁴ Soon they were authorized to remain open at all hours to serve the crowds queueing anxiously outside their doors.⁶⁵ Doctors and nurses were even more hard-pressed, war-service having reduced their number in the city appreciably.⁶⁶ On Sunday 6 October one doctor's secretary noted wearily in her diary: 'Nothing but phones

57. IEC, vol. 2, file 8, part 2: Evidence of Dr J Anderson, p.2.

58. Cape Times, 8/10/1918, p.5.

59. CTMM 1918-1919, Appendix 8, Chart B.

60. Cape Times, 8/10/1918, p.5.

61. CT MOH's Report, p.4.

62. For instance, Cape Times, 2/10/1918, p.6.

63. For instance, Cape Times, 4/10/1918, p.7; Cape Argus, 2/10/1918, pp.6 and 7; De Burger, 4/10/1918.

64. Cape Times, 1/10/1918, p.5; 4/10/1918, p.7.

65. Cape Times, 7/10/1918, p.5; 22/6/1968, Weekend Magazine; Cape Argus, 3/10/1918, p.5; Tembuland News, 8/11/1918.

66. CT MOH's Report, p.4; Cape Times, 7/10/1918, p.5.

and doorbells going all day. Influenza Epedemic [sic] in full swing. Felt pretty beastly myself.'⁶⁷ A city doctor remarked: 'It is not safe for me to put my nose out of doors - I am mobbed wherever I go.'⁶⁸

Businesses, merely inconvenienced by the absence of employees at the beginning of the week, faced disruption or worse by its end. Several factories with large 'Coloured' workforces were forced to close through lack of labour,⁶⁹ while numerous shops, banks and restaurants were left short-staffed.⁷⁰ For dairies and bakeries this meant the suspension of normal deliveries, a situation which helped to bring home to well-off Whites how serious matters had become.⁷¹ Commuters found fewer trains and trams running,⁷² while the Post Office, with 360 of its 950 employees off sick on 5 October also had to curtail its services.⁷³ Even the courts were affected, with several cases being adjourned for want of officials or witnesses,⁷⁴ while the Education Department decided to delay the re-opening of Peninsula schools for the fourth term until the situation had improved.⁷⁵ Lengthening lists of events postponed or cancelled appeared in the press;⁷⁶ those that were held as scheduled were poorly attended.

67. Witwatersrand University Library, Historical and Literary Papers Division: A 959/A9 (A M Miller Diary for 1918), Entry for 6/10/1918. For similar accounts of the pressure on doctors, see letter from Dr R L Forsyth to the author, 2/11/1978 and Collier Collection: Letter from Mrs E Louw, 14/5/1972.

68. Quoted in L G Green: Grow Lovely, Growing Old (Cape Town, 1954), p.159.

69. Cape Times, 3/10/1918, p.5; 4/10/1918, p.7; 5/10/1918, p.7; Cape Argus, 2/10/1918, p.7; Tembuland News, 8/11/1918.

70. Cape Times, 3/10/1918, p.5; 4/10/1918, p.7; 5/10/1918, p.7; Cape Argus, 2/10/1918, p.7; 3/10/1918, Editorial and p.7; Tembuland News, 8/11/1918.

71. Cape Times, 4/10/1918, p.7; The Star, 11/10/1918; Tembuland News, 11/10/1918.

72. Cape Times, 7/10/1918, p.5; Cape Argus, 7/10/1918, p.5.

73. Cape Times, 4/10/1918, p.7; 7/10/1918, p.5; 19/10/1918, p.5.

74. Cape Argus, 27/9/1918, p.5; Cape Times, 5/10/1918, p.7.

75. Cape Times, 7/10/1918, p.3.

76. Cape Times, 2/10/1918, pp.7 and 8; 4/10/1918, p.7; 5/10/1918, p.7; 7/10/1918, pp.5 and 7.

'It is doubtful if the Tivoli [Theatre] was ever so empty on a Saturday night', remarked one of the few in the audience on 5 October, 'which shows how big a hold this new form of influenza has taken upon the social life of Cape Town.'⁷⁷

By the end of the first weekend in October, the Spanish influenza epidemic had taken a firm grip on Cape Town. Even Robben Island was not immune.⁷⁸ The unexpected speed and intensity of the attack had caught the city by surprise. 'It was like a blind coming down', recalled one survivor vividly.⁷⁹ The city had been hit 'by a scourge which came on, like a thief in the night, unexpected, unprepared for,....The thing came as a great shock', wrote one journalist.⁸⁰ On Monday 7 October, a public holiday, the Cape Times, its 'Deaths' notices already nearly a full column long, made the epidemic the subject of its first leader, ahead of the war.⁸¹ On that day too, The Star's Cape Town correspondent reported, 'Capetown at the moment is a stricken city.'⁸²

At last recognizing this (and in the absence of a lead from Willmot and the Public Health Department), that morning the Mayor convened an emergency meeting of the City Council. The position was 'one which required drastic remedies', he declared,⁸³ and if any councillor doubted this, he was rapidly convinced by accounts of the grim state of affairs prevailing. In District Six Councillor Dr Abdurahman 'knew cases where people had been lying for two days unattended and without even water to drink',⁸⁴ while Councillor A J MacCallum warned ominously:

77. Cape Times, 7/10/1918, p.6.

78. De Burger, 17/10/1918, p.2; 25/10/1918, p.3; Cape Times, 23/10/1918, p.6 (Letter from B Torok).

79. Interview with Mrs E Wightman.

80. Tembuland News, 8/11/1918.

81. Cape Times, 7/10/1918, Editorial.

82. The Star, 11/10/1918.

83. CACT: 3/CT, vol. 1/1/1/75, p.46.

84. Cape Argus, 7/10/1918, p.4.

'We are letting things slide. Dead bodies, from which life has been extinct for 4 or 5 hours, have been left lying on the pavement uncovered. That was to be seen from all parts of the city from Sea Point on.'⁸⁵

The Council agreed to set up a six-man Executive Committee under the Mayor to take full charge of measures against the epidemic, spending whatever it deemed necessary.⁸⁶ For the next four weeks this Committee sat almost continuously, trying to deploy Cape Town's considerable resources as efficiently as it could. Its first priority was to ensure that food and medicine reached those 'flu victims with no-one to help them, as they were as much in danger of starving as of succumbing to the epidemic itself.⁸⁷ The Committee therefore appointed District Committees in each of the city's fourteen wards; these opened relief depots in their areas to supply the sick free of charge. Within days over 40 such depots had been established, many of them subsequently spawning sub-depots and soup-kitchens of their own.⁸⁸ To operate this network, urgent appeals were made for voluntary helpers and house-to-house visitors,⁸⁹ while large supplies of simple, nourishing food were secured by the Committee, some of it donated by private citizens, local firms and hotels and Boland farmers.⁹⁰ Medicine came from a dispensary set up by Dr Anderson, using stocks provided by a local manufacturing chemist. This enabled him to supply nearly 3 000 gallons of his special pink 'flu mixture',⁹¹

85. Cape Times, 8/10/1918, p.6.

86. CTMM 1918-1919, p.18.

87. Ibid., Appendix 8, p.xxii; Interview with Mr A H Kain.

88. These depots are listed in CT MOH's Report, Table 3. For the sub-depots and soup kitchens see Cape Times, 11/10/1918, p.5; 14/10/1918, p.6.

89. For instance, Cape Times, 8/10/1918, p.5; 10/10/1918, p.5; 11/10/1918, pp.2, 5, 6 and Editorial, 12/10/1918, p.5.

90. CACT: 3/CT, vol. 3/5/1/1/16, pp. 956, 957, 960, 969, 976, 984, 985, 989; 3/CT, vol. 3/5/1/1/17, pp.19, 33, 43; 3/CT, vol. 3/1/1/183, p.906; Cape Argus, 8/10/1918, p.5; 10/10/1918, p.5; Cape Times, 9/10/1918, p.5; 10/10/1918, p.5; 11/10/1918, p.6; 12/10/1918, p.5; 16/10/1918, p.5; 29/6/1968, Weekend Magazine, p.10; Collier Collection: Letter from Mrs I Beater, 26/5/1972.

91. See CT MOH's Report, p.6 for the composition of this mixture.

as well as thousands of doses of aspirin, epsom salts and other drugs.⁹²

As further needs were perceived, special sub-committees were created: on 8 October one to expedite burials,⁹³ on 9 October one to see to transport needs⁹⁴ and, a few days later, one to supervise the cleansing of streets and backyards and the widespread distribution of disinfectant.⁹⁵ For infants whose parents were ill or had died, four special creches were opened under the aegis of the Child Life Protection Society. It was estimated that these eventually cared for 600-700 children.⁹⁶

Attempts were made to extend purely medical assistance and to put it on an organized footing too. Despite help from retired medical practitioners and University staff and students,⁹⁷ the pressure on the city's few doctors had grown intense. In an effort to ease this, they met at the City Hall on 9 October at the request of Dr Anderson and agreed to divide Cape Town into fourteen districts, five of these covering parts of District Six; to each of these, specific doctors would be allocated.⁹⁸ In this way it was hoped

92. CT MOH's Report, p.6.

93. CTMM 1918-1919, p.19.

94. Ibid., p.20; CT MOH's Report, p.9.

95. CACT: 3/CT, vol. 1/1/6/3/1/21, pp.540, 542-3; Cape Times, 16/10/1918, p.5; 18/10/1918, p.5; 25/10/1918, p.5.

96. CT MOH's Report, p.9; Cape Times, 9/10/1918, p.5; 12/10/1918, p.5; 16/10/1918, p.5; 21/10/1918, p.5; Cape Argus, 8/10/1918, p.5; 15/10/1918, p.5; 19/10/1918, p.5; South African Baptist, November 1918, p.12.

97. CTMM 1918-1919, p.21 and Appendix 8, p.xxiii; CT MOH's Report, p.5; Cape Times, 9/10/1918, p.5; The Friend, 10/10/1918, p.5; The Lancet, 10/4/1976, p.798; J H Louw: In the Shadow of Table Mountain: A History of the University of Cape Town Medical School (Cape Town, 1969), pp.120-121; Union of South Africa: Report of the Under-Secretary for Education for 1918, Part II, UG 8-'20, p.7; Collier Collection: Letter from Dr R van Geuns, 2/6/1972; Interview with Dr M E McKerron.

98. CTMM 1918-1919, p.21, and Appendix 8, p.xxiii; CT MOH's Report, pp.6-7; Cape Times, 10/10/1918, p.5; 11/10/1918, p.5; 14/10/1918, p.6; 16/10/1918, p.6.

to concentrate their work in particular areas, ending time-consuming calls all over the Peninsula. Participation was voluntary, but as an inducement to collaborate fully in this scheme, the Executive Committee offered £7 per day to doctors who treated all patients in 'their' district free of charge; doctors who did not participate fully but agreed to visit patients unable to pay fees were offered £3 per day.⁹⁹ Despite these offers, these efforts to direct the medical profession's services were not wholly successful, for several doctors did not keep strictly to the districts allotted to them. 'The public have their own ideas about medical attendance', Dr Anderson later explained. 'They like to continue with their own doctors. Everybody was working at too high pressure. There was no time for consideration.'¹⁰⁰ With volunteer nurses he had far less difficulty, however, and they confined their activities to the areas to which they were detailed.¹⁰¹

To help pharmacists meet the very heavy demands on them, the 9 October meeting of doctors also agreed on three standard prescriptions¹⁰² which could be made up in large quantities and dispensed quickly. Prior to this, pharmacists had complained that their load had been much increased 'by the fact that no two doctors' prescriptions for the prevailing epidemic are ever alike.'¹⁰³ But, warned both Anderson and Willmot, medicine could only be fully effective if accompanied by adherence to simple, but vital rules, and, in notices to the public during that week, they stressed the importance of a liquids only diet, a well-ventilated sick-room and not getting up too soon.¹⁰⁴ 'Fully 90 per cent of the deaths

99. CACT: 3/CT, vol. 1/1/1/75, p.204; 3/CT, vol. 3/1/1/183, p. 627; IEC, vol. 2, file 6: Evidence of Dr Willmot, pp.9-10; Cape Times, 28/11/1918, p.8.

100. Union of South Africa: Report of the Select Committee on the Public Health Bill, SC 3-'19, p.187. For a different explanation by Willmot, see IEC, vol. 2, file 6: Evidence of Dr Willmot, p.9.

101. CTMM 1918-1919, Appendix 8, p.xxiii.

102. CT MOH's Report, p.6; Cape Times, 10/10/1918, p.5; Cape Argus, 10/10/1918, p.5.

103. Cape Times, 10/10/1918, p.5.

104. Cape Times, 9/10/1918, p.2; 10/10/1918, p.4; Cape Argus, 8/10/1918, p.4.

are due to a disregard of this [latter] advice', announced Anderson gravely.¹⁰⁵ As for inoculation with the anti-'flu vaccine developed locally, both men were enthusiastic and warmly recommended its use.¹⁰⁶ Once sufficient quantities of vaccine became available during the following week, numerous inoculation depots were set up throughout the Peninsula.¹⁰⁷

The other medical problem which had manifested itself as the hold of the 'flu had tightened was the inability of the city's hospitals to cope with the flood of patients. Even before the epidemic, hospital accommodation in the Peninsula had been quite insufficient;¹⁰⁸ now, not only were hospitals being inundated with cases of highly infectious Spanish 'flu, but many of their staff were succumbing to it themselves. The City Hospital was 'absolutely at a loss for assistance,' the Town Clerk wrote on 10 October¹⁰⁹ and shortly thereafter the Peninsula Maternity Home was forced to close for lack of staff.¹¹⁰ Nor were the Peninsula's three military hospitals able to offer much relief, for their staff had proved equally susceptible. 'I have simply hourly to rob Peter to pay Paul by sending staff to assist where most required no matter to which Hospital they belong', reported the UDF's local Assistant Director of Medical Services on 11 October.¹¹¹ Three days later he replied to a request for nurses from his superior, Colonel Orenstein, then in Kimberley:

105. Cape Argus, 14/10/1918, p.5.

106. See ch. 6, pp.215-6; CT MOH's Report, p.5; IEC, vol. 2, file 8, part 2: Evidence of Dr Anderson, pp.2-3; CTMM 1918-1919, Appendix 8, p.xxv.

107. Cape Times, 15/10/1918, p.6; 16/10/1918, p.2; 19/10/1918, p.6; 21/10/1918, p.5; 22/10/1918, p.5; 23/10/1918, p.5; 28/10/1918, p.4.

108. CT MOH's Report, p.4; De Burger, 26/9/1918, p.4; 29/11/1918, p.2.

109. CACT: 3/CT, vol. 3/1/1/183, p.572. At the Somerset Hospital 71% of the staff contracted Spanish 'flu (CACT: HBC vol. 64, Minutes of Management Committee Meeting, 28/10/1918).

110. CT MOH's Report, p.4.

111. SADF Archives: DC 1303, file 4501 vol. 1, Hewat to Orenstein, 11/10/1918.

'I cannot possibly spare any nurses from here at present. Half my nursing staff in bed & over 150 cases on danger list. Those on duty completely overworked & unstrung....You cannot realise the overworked state we are in.'¹¹² ✓

As a first step to deal with these critical problems, the Executive Committee directed volunteer nurses to the hospitals with the direst shortages; then, military help was enlisted to extend accommodation at existing hospitals by means of tents;¹¹³ finally, when even these measures did not suffice, six temporary hospitals were opened, using volunteers and equipment borrowed from the UDF and private citizens. The largest of these were at Newlands House, the Salvation Army Home in Bree Street, Ellerslie High School in Sea Point and the De Villiers Street School in District Six. Together with the camp at Rentzkie's Farm, the six temporary hospitals admitted close on 800 'flu cases.¹¹⁴ In addition, Wynberg Municipality and the Cape Divisional Council opened four temporary hospitals of their own.¹¹⁵

Generally, the Cape Divisional Council, Wynberg and Simonstown had followed Cape Town's lead in setting up relief organizations of their own, though on a smaller scale.¹¹⁶ This left the locations at Ndabeni and the Docks unprovided for in local authorities' relief work, for they fell under the Native Affairs Department and the South African Railways and Harbours respectively. Conditions at these locations were appalling once the epidemic began, its hold at both having been strengthened by acute overcrowding and the high proportion of young adults among their residents.¹¹⁷ By

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- 112. SADF Archives: DC 1304, file DC 4501 vol. 4, telegram from Asmed, Cape Town, to Orenstein, Kimberley, 14/10/1918.
 - 113. CT MOH's Report, p.7; CTMM 1918-1919, p.21 and Appendix 8, p.xxiii.
 - 114. CT MOH's Report, pp.7-8; CTMM 1918-1919, p.21 and Appendix 8, pp.xxiii-xxiv.
 - 115. CACT: 4/CT, vol. 1/1/1/21, p.3; Cape Times, 16/10/1918, p.5; 17/10/1918, p.6; 21/10/1918, p.5.
 - 116. CACT: 4/CT, vol. 1/1/1/21, pp.506-510; 3/WBG, vol. 6, p. 320; vol. 279, pp.140-1; 3/SMT, file 4/1/22, Report by Mayor, 13/11/1918; Cape Times, 9/10/1918, p.5; 14/10/1918, p.6; 17/10/1918, p.6; 23/10/1918, p.5.
 - 117. On the particular susceptibility of young adults to Spanish 'flu, see ch. 9, pp.293-294.

9 October 120 of the 3 561 people crammed into Ndabeni had died of 'flu or its complications'¹¹⁸ and corpses were being wrapped in blankets and tossed onto waggons, 'like packing bricks', a resident recalled with a shiver.¹¹⁹ The location doctor was laid up and one nurse struggled to tend the large number of cases too sick to help even themselves. On that day Cape Town's Executive Committee realized that something had to be done to help and it arranged for a party of volunteers to go out and render what assistance they could. A doctor was secured, the sick were fed and within a few days mortality began to fall, but another 134 died before the end of October.¹²⁰

At the even more cramped Docks Location both the Medical Officer and the Superintendent fell ill early on, leaving no-one on the spot to arrange help. The death-toll mounted rapidly, with no sign of any action to check it. Seventy-four of the 1 400 residents had died by the time that local Railways and Harbours officials appealed to the Castle for help.¹²¹ A senior military doctor visited the location and decided that it must be evacuated at once.✓ So bad were living conditions there, he said, that 'he would not keep his dogs in such a place, and it deserved a pestilence.'¹²² A tent hospital for the sick was immediately erected at Green Point Track and nearby a tent camp for the rest of the residents was set up. Military officers were placed in control of both; meanwhile, the empty location was cleaned and disinfected from top to bottom. Twenty-two more cases died in the tent hospital after the transfer there.¹²³ ✓

118. Union of South Africa: Report of the Department of Native Affairs 1913-1918, UG 7-'19, p.17; Cowley Evangelist, January 1919, p.17.

119. Interview with Mrs L Mawu.

120. UG 7-'19, p.18; Union of South Africa: Official Year Book of the Union, no. 3-1919, p.220; Cowley Evangelist, January 1919, p.17; New True Templar, November 1918, pp.2, 3-4, 7; Cape Times, 10/10/1918, p.5; Interviews with Mrs L Mawu, Reverend E E Mahabane and Mr A Mahlahla.

121. IEC, vol. 2, file 8, part 2: Evidence of H Salmon, p.1; Cape Times, 18/10/1918, p.6.

122. Cowley Evangelist, January 1919, p.18.

123. IEC, vol. 2, file 8, part 2: Evidence of H Salmon and

Overall, however, within a week of the City Council's emergency meeting on 7 October, a comprehensive organization had been improvised to meet the crisis caused by the Spanish 'flu epidemic. Flexible and lacking neither human nor material resources, it was able to respond to new difficulties with relative speed. Once the Council had woken up to the gravity of the situation, Cape Town proved by and large able to shift for itself. This organization of effort was important for morale too, helping to limit 'the then growing panic and distress which was existent throughout the City.'¹²⁴ Also, as Dr Anderson pointed out, it acted to 're-assure the patients that something was being done for them.'¹²⁵

The response to the Executive Committee's appeals for help had been good, from individuals, businesses and organizations alike. '/W/e were deluged with volunteers,...' reported Anderson afterwards. 'It was most remarkable and praiseworthy how all classes ✓✓ of the community came forward to assist'.¹²⁶ Only Cape Town's Jews¹²⁷ and Muslims¹²⁸ appear to have organized help along communal lines and even this was not exclusive; for the rest, all voluntary assistance was channelled into the Municipality's effort, suggesting that most Capetonians saw this as offering the only practical way to deal with so vast and serious a threat. To this end they overcame any reservations they might have felt about the efficiency or disinterestedness of its actions. For instance, the Cape Federation of Labour Unions offered the Executive Committee

A F Girdwood; Evidence of Lt Col A Wright, pp.4, 5; Cape Times, 16/10/1918, p.6; 30/10/1918, Editorial.

124. Cape Times, 1/11/1918, p.8.

125. CT MOH's Report, p.6.

126. Ibid., p.4.

127. Cape Times, 9/10/1918, p.7; 11/10/1918, pp.3, 6; 12/10/1918, p.4; 15/10/1918, p.6; 16/10/1918, p.3; J Stodel: The Audience is Waiting (Cape Town, 1962), p.21; Interview with Miss S Honikman.

128. Cape Times, 17/10/1918, p.6; 4/12/1918, p.9; Cape Argus, 12/10/1918, p.5; 29/11/1918, p.7; Interview with Mr J Granger.

the unqualified co-operation of all local trade unions in the campaign against the 'flu,¹²⁹ while the Dominican Sisters, a teaching order normally confined to their convent, set up sub-depots on the Cape Flats to distribute supplies received from the main depots in the southern suburbs.¹³⁰ 'The entire life of the City is disorganised and the individual must be subordinated to the general good', declared one local journal earnestly.¹³¹

Assistance across the usual barriers of race, class and religion appears to have become common in Cape Town during 'Black October', though prejudice and self-interest were not always overcome.¹³² Noting how unusual it was to find such a diverse range of fellow-workers in the city, the Cape Times observed:

'It is remarkable how such a calamity has helped to level all ranks of society. Working hand in hand we find members of Parliament, highly placed officials, merchants, City Councillors, and other men of standing carrying on the good work with others of humbler status.'¹³³

The Anglican Archbishop of Cape Town put his finger on precisely how uncommon such behaviour was when he pointed out how it overrode

129. Cape Times, 15/10/1918, p.6; Cape Argus, 15/10/1918, p.6.

130. Cape Times, 22/10/1918, p.6; Cape Argus, 17/10/1918, p.5; Catholic Magazine for South Africa, November 1918, p.523; March 1919, p.144; Interviews with Sisters R Mangan and Diympla.

131. The South African Lady's Pictorial and Home Journal, November 1918, p.2.

132. Examples of such feelings in action included a reluctance among some White women to nurse Blacks and 'Coloureds' (CACT: HBC, vol. 85, Minutes of Meeting 19/11/1918, p.2; New True Templar, November 1918, p.9) and a hardheartedness among some landlords over delays in the payment of rent (CACT: 3/WBG, vol. 279, p.133).

133. Cape Times, 14/10/1918, p.5. For a similar contemporary opinion see Collier Collection: Report by W Davies on Influenza at Ellerslie School. On the other hand, see The South African Lady's Pictorial and Home Journal, November 1918, p.4 for criticism of well-meaning but incompetent women being placed in positions of authority. 'No matter what her social position or pretensions [sic] may be, her place is a subordinate one', it declared.

'one of the most difficult prejudices to fight against...the thought that, while so far as we are concerned all is or may be well, it is of little concern of ours to think of others.'¹³⁴

It is impossible to be certain how much this assistance was prompted by feelings of duty, sympathy, humanity or self-interest. They would all have been present in volunteers' actions, singly or jointly. Even if shortened working-hours or the closure of businesses and schools made volunteering easier, it was not a decision to be taken lightly. Given the extreme infectiousness of the 'flu, volunteering entailed a very real risk to life, even though, as Dr Anderson pointed out, the label 'influenza' did not cause 'the terrors that such a name as plague would have done.'¹³⁵ Few adults in Cape Town could have been unaware of the gravity of the situation; all would have faced a disrupted routine and most would have known someone who had 'flu, even if they had not contracted it themselves. This made it almost impossible to ignore an epidemic which itself appeared to pay little attention to social status. In this situation, some would have concluded, other feelings apart, that their best chance of survival lay in helping to check the epidemic as rapidly as possible. To all this speculation about motives must be added the prevailing wartime climate of 'doing one's bit', a powerful impetus for action by those anxious to show that they too could make sacrifices and endure suffering in a greater cause. Finally, there were those whose grief at the death of a friend or relative inspired them to throw themselves into the campaign against the 'flu with almost reckless abandon. A young clerk, hearing of the death of one of his dearest and closest friends, 'a big well-built chap, of my own age, 20,' was so deeply shocked that he felt, 'it did not matter to me now in the least if I got the flu and died too. In fact I even hoped I would!' He put in extra-long hours registering deaths at the Woodstock Police Station, but

134. Cape Times, 7/2/1919, p.10.

135. CT MOH's Report, pp.4-5.

'...despite the constant stream of coughing and deeply saddened, tearful people standing before and around me in that small room and stricken area, I did not ever sneeze.'¹³⁶

Notwithstanding the speed and extent of Cape Town's campaign against the epidemic once the Executive Committee had been set up on 7 October, mortality continued to increase sharply all week. Between 8 and 13 October deaths from Spanish 'flu and its complications within Cape Town's municipal boundaries alone rose to more than 300 per day and on two of these days, 10 October and 11 October they reached 442 and 401 respectively. The week's total was a horrifying 2 404. It was, remarked the Cape Argus grimly, the 'blackest week in the history of Cape Town'.¹³⁷ Not until 19 October did the daily toll drop below three figures and it was 24 October before it fell below 50.¹³⁸

Though these figures were not public knowledge at the time - it is doubtful whether the authorities were able to put them together until after the epidemic - what Capetonians saw around them and what they read in the press about the number of burials at Maitland were quite enough to cause the greatest anxiety, fear and even panic. The Cape Argus wrote of a pervasive 'sense of calamity engendered by the terrible mortality',¹³⁹ while years later a 'flu survivor remembered how in Fresnaye, 'All the house blinds were kept down on hearing of a death in the neighbourhood, and bewildered children were awe-inspired by elders talking in subdued tones in an atmosphere of gloom.'¹⁴⁰ Rumours proliferated about who had

136. Letter in author's possession from A van Oordt to Dr J F Midgley, 23/1/1982.

137. Cape Argus, 14/10/1918, Editorial.

138. All figures in this paragraph are from CTMM 1918-1919, Appendix 8, Chart B. Not included are deaths in Wynberg, Simons-town and the Cape Divisional Council areas as daily figures for these areas are not available.

139. Cape Argus, 12/10/1918, Editorial.

140. Collier Collection: Letter from Mrs M B Holmes (née Forman), 25/6/1972. Other survivors also have vivid memories of panic

died¹⁴¹ - a local MLA was astonished to receive a telephone call from the editor of the Cape Times wanting to know what time his (the MLA's) funeral would be!¹⁴² Nor was serious alarm confined to laymen. Dr Willmot is reported to have given a chilling answer when asked by a close friend whether Cape Town was going to be wiped out. 'He replied', recalled the man years later, '"I will tell you what I would not tell any other man in the Union, for the first time in my life I am panicky, and believe we are."'¹⁴³ In this climate it is not surprising that the South African Mutual placed the following advertisement in the press:

'Don't Hesitate! Insure your Life at Once.'¹⁴⁴

Throughout the Peninsula routine activity came to a virtual standstill or was sustained only by extraordinary effort. Few trains or trams ran.¹⁴⁵ Post-offices were closed or kept short hours. Letters and telegrams were not delivered unless Boy Scouts or local volunteers did so.¹⁴⁶ Sanitary services were kept going by casual labour and Municipal employees 'from other departments.'¹⁴⁷ Electricity continued to be generated only through the efforts of a handful of men still on their feet at the power-station, who worked 16-24 hour shifts.¹⁴⁸ Temporary civilian constables filled gaps

and stunned bewilderment - see, for instance, interviews with Dr B Clain, Dr B Mackenzie, Mrs R Shifrin and Mrs E Wightman.

141. De Burger, 23/10/1918, p.3.
142. E Alexander: Morris Alexander (Cape Town and Johannesburg, 1953), pp.77-8.
143. Collier Collection: Report by W Davies on Influenza at Ellerslie School.
144. Cape Times, 10/10/1918, p.4.
145. Cape Times, 8/10/1918, p.7; 9/10/1918, p.6; Cape Argus, 7/10/1918, p.5.
146. Union of South Africa: Report of the Postmaster-General for 1918, UG 27-'19, pp.20-1; Cape Times, 10/10/1918, p.5; 12/10/1918, p.5; 17/10/1918, p.5; 19/10/1918, p.5; South African Postal and Telegraph Herald, November 1918, pp.50,55.
147. CTMM 1918-1919, Appendix 2, pp.iii, xxvi; Cape Times, 7/10/1918, p.5; 15/10/1918, p.6; 16/10/1918, p.6.
148. CTMM 1918-1919, Appendix 3, p.iv.

in the police force.¹⁴⁹ All but the most urgent court-cases were postponed.¹⁵⁰ Newspapers struggled to produce their daily editions¹⁵¹ - an attenuated De Burger pointed out,

'As ons ondersteuners al die omstandighede sal in aanmerking neem waaronder ons nou werk, sal een ieder met ons nog dankbaar wees dat ons dagblad nog iedere mōre uitgekom het.'¹⁵²

Commerce and industry tried to soldier on with skeleton staffs. Department stores, offices and banks limited their hours of opening in accordance with a request from the Chamber of Commerce,¹⁵³ 'but this has not occasioned any serious inconvenience to the public', reported the General Manager of the Standard Bank, 'as ordinary business came almost to a standstill....'¹⁵⁴ The Shop Hours Ordinance was suspended to allow grocers to sell provisions at any hour,¹⁵⁵ but many lacked the staff to keep even ordinary hours. In outlying areas a number of grocery shops were closed for several days, causing great distress among those who usually relied on them for food.¹⁵⁶ Cape Town's own supply of fresh food was maintained only through the Executive Committee's special arrangements,¹⁵⁷ the activities of scratch crews at the abattoirs¹⁵⁸ and the priority given to the transport of food by the Railways.¹⁵⁹

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149. Cape Argus, 10/10/1918, p.5; Cape Times, 7/11/1918, p.7.
150. Cape Times, 10/10/1918, p.6; 15/10/1918, p.5; 16/10/1918, p.5.
151. Cape Argus, 14/10/1918, p.5; Cape Times, 12/10/1918, p.5; De Burger, 14/10/1918, p.3; J Steinmeyer: Spykers met Koppe (Cape Town, 1946), p.180.
152. De Burger, 15/10/1918, p.3.
153. Cape Town Chamber of Commerce Monthly Journal, October 1918, p. 18; Industries, October 1918, p.512, and November 1918, pp. 576, 577; Cape Times, 9/10/1918, p.6; Tembuland News, 8/11/1918.
154. Standard Bank Archives: General Manager's Office, Letters to London Office 1917-1919, p.662.
155. Cape Times, 12/10/1918, Editorial.
156. Cape Times, 11/10/1918, p.5; 12/10/1918, p.5; Collier Collection: Letter from Mrs I Beater, 26/5/1972.
157. See p.37 above.
158. CTMM 1918-1919, Appendix 10, pp.1-11.
159. Central Archives, Pretoria: SAS 719, file G119/5, telegram from Railways G to All Stations, Division 7, 12/10/1918.

Activities which would have brought large numbers of people together unnecessarily were halted or postponed, including meetings, fêtes, sporting events, even recruiting and collections for the war effort.¹⁶⁰ A number of clergymen went so far as to cancel their Sunday services¹⁶¹ even before the Mayor publicly requested all churches to do so.¹⁶² Many bioscopes and theatres had closed voluntarily early in the epidemic,¹⁶³ but after 17 October all were instructed to do so by a Municipal notice issued in terms of special provisions of the Cape Public Health Act lately brought into force.¹⁶⁴

No-one 'passing down Adderley or St George's street at the moment would recognise them as the busy thronged, and usual crowded avenues of traffic', observed a reporter on 12 October.

'They are almost deserted even in the middle of the day. Business has become quite a secondary consideration, and sight seeing and amusements have lost all attractions.... Cape Town is like a city of mourning...and nothing is talked of or thought about other than Influenza.'¹⁶⁵

A little girl walking through the city centre at this time recalled 'deathly silent streets which were really frightening',¹⁶⁶ while the veteran politician, John X Merriman, noted in his diary on 17 October, 'Cape Town very empty & forlorn.'¹⁶⁷

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160. Cape Times, 9/10/1918, pp.5, 6, 8; 10/10/1918, pp.4, 5, 6; 11/10/1918, pp.4, 6; 12/10/1918, pp.4, 5; 14/10/1918, p.4; 15/10/1918, pp.5, 6; 16/10/1918, p.2; 17/10/1918, p.5; 18/10/1918, p.3.
161. Cape Times, 12/10/1918, p.3; 19/10/1918, p.3.
162. Cape Times, 23/10/1918, p.5; 26/10/1918, p.7. See ch. 8, pp. 271-3 for their mixed response.
163. CACT: 3/CT, vol. 1/1/1/75, p.146. Cape Times, 7/10/1918, p. 5; 8/10/1918, p.4.
164. CACT: 3/CT, vol. 3/1/5/1/50, p.154; Cape Argus, 17/10/1918, p.4; Cape Times, 18/10/1918, p.3. Wynberg did not wait for special provisions to be brought into force before acting in this regard. On 7/10/1918 the Mayor closed all local bioscopes and 'Coloured' canteens (CACT: 3/WBG, vol. 6, p.320).
165. Tembuland News, 8/11/1918.
166. Anonymous letter to author, 16/10/1978.
167. South African Library MSS Department: MSC 15 (J X Merriman Diary for 1918), Entry for 17/10/1918.



OP 'N WYSPUNG VAN DOOD EN VERDIE DEER TOT LAND OP 'N TO

In the streets passers-by were horrified as people collapsed and died in front of them.¹⁶⁸ A young boy travelling into town by train from Maitland caught sight of 'bodies ... scattered about on the expanse of field' stretching to Brooklyn and beyond.¹⁶⁹ More than one person was reminded of the Black Death or the Great Plague of London by what they saw.¹⁷⁰ A 21 year-old student at the University of Cape Town at the time summed up the situation in a few graphic words sixty years later. 'Cape Town', he said, 'was a veritable city of the dead.'¹⁷¹

Most chilling of all were the carts piled high with corpses, sometimes not even covered with a tarpaulin. Even if they were, people who saw them pass by could often see 'legs sticking out, with labels attached with names of people, being taken away to the cemetery.'¹⁷² Each morning Municipal waggons went around collecting bodies from the streets and from those addresses where deaths had been reported.¹⁷³ In this grim task they were assisted by ten

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168. De Kerkbode, 17/10/1918, p.994; Cape Times, 22/6/1968; South African Nursing Record, November 1918, p.21; St Michael's School Magazine (Bloemfontein), April 1919, p.21; B A Tindall (ed.): James Rose Innes (Cape Town, 1949), p.265; S Zuckerman: From Apes to Warlords (London, 1978), p.8; Collier Collection: Letters from Mr N A Reinbach, 14/5/1972, and from Mrs Z Rennie (née van der Byl), 3/6/1972; Witwatersrand University Library, Historical and Literary Papers Division: AB 186 (Archbishop W M Carter Letters), Archbishop Carter to Lord Wenlock, 13/10/1918.
169. Letter from Mr J Simenoff to author, 9/5/1980.
170. Masonic Archives, Suburban Temple, Rondebosch: Scottish District Grand Lodge Western Division, Minute Book No. 2 1915-1925, Minutes of 4/11/1918 Meeting (I owe this reference to Dr A A Cooper); Cape Argus, 11/10/1918, p.5; 19/10/1918, p.7; Cape Times, 22/6/1968; The Friend, 14/10/1918, p.8; B A Tindall (ed.): James Rose Innes, p.265; Interview with Sister Dympla.
171. Interview with Dr J P Duminy.
172. Interview with Alderman I Ospovat.
173. CTMM 1918-1919, Appendix 2, p.xxxiii; The Friend, 14/10/1918, p.8; Industries, November 1918, p.576; South African Nursing Record, November 1918, p.21; Evening Post, 28/8/1965, Weekend Magazine, p.1 (Letter from P J van Niekerk); J Penn: The Right to Look Human - An Autobiography (Johannesburg, 1974), p.44; Copy in author's possession of letter from Dr C F Juritz to Reverend J Kingon, 3/11/1918. Memories of this sight featured in the recollections of many survivors - see letters to author

convicts, induced to help by the promise of remission of their sentences.¹⁷⁴ After witnessing these carts in action a shocked visitor wrote:

'I actually saw the waggons going round, a bell ringing as they went, whilst the drivers called "Bring out your dead!" Just as one reads in accounts of the Black Plague, and at which one has so often shuddered.'¹⁷⁵

Where families had transport of their own and could obtain a coffin, they took it to the station or to the cemetery themselves; Muslims, in accordance with their custom, carried their biers the whole way.¹⁷⁶ Observing the endless stream of funeral processions, a Cape Times reporter thought:

'It needs the pen of an O Henry adequately to describe the scenes on the neck of the Salt River bridge, where funeral crowds upon funeral with distressing regularity.'¹⁷⁷

Any and every means of conveyance were to be seen, remarked a contemporary journal:

'Their friends carried them on biers, in coffins; they trundled them on wheelbarrows; they carted them, not single corpses at a time either, on trollies; they rushed them in motors with trailers; they sped them on [sic] taxis...'¹⁷⁸

from Mrs N Peile, 27/11/1918, and from anonymous author, 16/10/1978; Collier Collection: Letters from Mr F Appolis, 7/7/1972, Mrs I Beater, 26/5/1972, Mrs P van der Poll (née Beuning), 22/8/1972, Mr L E Holloway, 4/5/1972, Miss J W C Schützler, 15/5/1972, Mrs Z Rennie (née van der Byl), 28/6/1972, and Mr G Fish, 12/5/1972; Interviews with Mr C F Cassisa, Mr Crawford, Sister Diympla, Miss S Honikman, Mrs S Klaasens, Dr M E McKerron, Mrs W Petersen, Mrs R Shifrin, Mrs J Stern, Mr S Stone, Mrs P Weisbecker.

- 174. Central Archives, Pretoria: GG 1282, file 51/4922; The Friend, 14/10/1918, p.8.
- 175. St Michael's School Magazine (Bloemfontein), April 1919, pp. 21-2.
- 176. Cowley Evangelist, January 1919, p.17; Interviews with Alderman I Ospovat and Mr R Whiteford.
- 177. Cape Times, 19/10/1918, p.6.
- 178. New True Templar, November 1918, p.1.

At all points ordinary burial procedures were hard pressed to cope and emergency action had to be taken by the Burial Sub-committee to prevent a complete breakdown. Extra coffins were required at once, for, as early as 7 October, a number of 'flu victims had had to be buried wrapped only in blankets.¹⁷⁹ Municipal, Railways and private carpenters were hastily enlisted to meet this need; by the end of the epidemic they had made over 2 000 coffins, which were supplied free of charge to anyone needing them.¹⁸⁰ Temporary morgues had to be set up too,¹⁸¹ as the existing one off Keerom Street was quickly filled to overflowing. From De Burger's offices next door, a journalist described how

'die lijke reeds op die vloer naas mekaar moet le [sic] om vir die buitengewone aantal plek te maak; dit word vertel dat hul later in 'n staande houding teen mekaar moes gepak word.'¹⁸²

In such a situation the normal procedure for issuing death-certificates from a central office was hopelessly inadequate. Permission was therefore granted for policemen, clergymen and depot-controllers to issue them too.¹⁸³ Moreover, if the death was from Spanish 'flu, the need for a doctor's certificate was waived.¹⁸⁴

179. Cape Times, 8/10/1918, p.5.

180. CTMM 1918-1919, p.19 and Appendix 8, p.xxiii; CT MOH's Report, p.5; Cape Argus, 5/10/1968. Contemporaries recalled coffins being made from any wood available, including floorboards, flower-boxes and drawers (Interviews with Dr M Cohen, Mrs R Shifrin and Mr S Stone; Collier Collection: Letters from Miss J W C Schützler, 15/5/1972, and Mrs D Allenberg (née Foster), 22/5/1972).

181. CTMM 1918-1919, p.19 and Appendix 8, p.xxiii; CT MOH's Report, p.5; Cape Times, 28/10/1918, p.5; Cape Argus, 9/10/1918, p.5; Evening Post, 28/8/1965, Weekend Magazine, p.1 (Letter from Rev. Lewis). The use of an old Municipal stable on Woodstock Beach as one of these temporary morgues gave rise to tales that corpses were being buried on the beach itself (L G Green, Grow Lovely, Growing Old, p.160; Interviews with Mr Crawford, Dr M Cohen, Mr J Granger and Mrs R Shifrin; Collier Collection: Letter from Mrs K Gilham (née Le Roux), 8/6/1972).

182. De Burger, 9/10/1918, p.3. Nearly thirty years later the same journalist recalled this scene - see J Steinmeyer: Spykers met Koppe, pp.182-183; See too Interview with Mrs J Stern.

183. CTMM 1918-1919, p.19; Cape Times, 24/10/1918, p.5; Cape Argus, 28/10/1918, p.6.

184. Cape Times, 9/10/1918, p.6.

In town the office of the Maitland Cemetery Board was 'held in a state of siege by crowds waiting to arrange for burials', reported the Superintendent,¹⁸⁵ while at the cemetery itself the few grave-diggers not stricken with 'flu were nearly overwhelmed by the work, until assistance was obtained from Nigerian troops, casual labourers and University of Cape Town students.¹⁸⁶ Even then, many were buried communally, in long trenches,¹⁸⁷ while some funeral parties had to dig graves themselves.¹⁸⁸ Sixty years later, one woman clearly recalled the scene when her brother was buried:

'There were stacks and stacks of coffins. We were met by a Military Officer in charge of Askari Soldiers, who did the burial. These Askaries [sic] wore khaki uniforms with red sashes across one shoulder and red fezzes with black tassels. They carried the coffin further on to the trenches. We had a service round the coffin, which was left beside the trench, to be buried later. The soldiers saluted and went off duty. The trenches were very deep and were already filled with several coffins.'¹⁸⁹

Others did not receive even these hurried formalities. At the height of the epidemic, the chairman of the Burial Sub-committee informed Dr Anderson that he had just supervised the burial in three trenches of hundreds of Blacks 'wrapped in hessian'. Lime

185. Cape Times, 27/11/1918, p.7.

186. CTMM 1918-1919, p.19 and Appendix 8, p.xxiii; CT MOH's Report, p.5; Cape Times, 8/10/1918, p.5; 15/10/1918, p.5; Interview with Dr J F Midgley.

187. CTMM 1918-1919, Appendix 8, p.xxiii; Tembuland News, 8/11/1918; Cape Argus, 5/10/1968; W D Baxter, Turn Back the Pages (Cape Town, 1954), p.111; Interviews with Sister Dlympla, Mr J Granger, Rev. E E Mahabane, Dr B Mackenzie, Mrs S Klaasens, Mrs J Stern and Mr Solomons; Collier Collection: Letters from Mr F Appolis, 7/7/1972, Mrs P van der Poll (née Beuning), 22/8/1972 and Mr L E Holloway, 4/5/1972.

188. Cape Times, 21/10/1918, p.4; South African Postal and Telegraph Herald, November 1918, p.55; South African Library MSS Department: MSC 18 (Pocock Collection), Box 21, p.675.

189. Letter to author from Mrs C F Davids, 11/11/1978.

had been sprinkled onto them and then a prayer had been said. 'That's the best we could do', he added dismally.¹⁹⁰

Undertakers and clergymen were swept off their feet by the immense demands made on them. Anglicans arranged for a minister to be on permanent duty at Maitland,¹⁹¹ while the Mayor's chaplain was present every day to officiate at funerals for which no other minister could be found.¹⁹² At the naval cemetery at Simonstown firing parties were dispensed with at funerals.¹⁹³

The city's undertakers, though they worked all out, could deal with only a fraction of all burials. Their hearses, speeding to and fro, became a common sight. 'At any rate there is one business which has not suffered of late!' remarked a Cape Times reporter mordantly.¹⁹⁴ Obviously he had missed an advertisement in his newspaper a few days earlier, which advised those wanting gravestones to 'order immediately to avoid disappointment', as there was a 'great dearth in marble!'¹⁹⁵

During those two weeks Cape Town struggled hard to survive, improvising all the way to prevent the total collapse of the community in the face of what one resident expressively termed, 'a regular tornado of plague.'¹⁹⁶ No less justifiably the Cape Times called it, 'the most terrible fortnight within the experience of...citizens'.¹⁹⁷

Even before the end of that fortnight, however, there were signs that the 'flu was easing, probably because its very infectiousness had left

190. Cape Times, 29/6/1968, Weekend Magazine, p.10.

191. Cape Times, 10/10/1918, p.5.

192. Cape Times, 9/10/1918, p.5.

193. Collier Collection: Letters from Mr F W J Schonland, 13/5/1972, and Captain G A P Webster, 7/7/1972.

194. Cape Times, 19/10/1918, p.6.

195. Cape Times, 15/10/1918, p.3.

196. SA Library MSS Department: MSC 18, Box 21, p.675.

197. Cape Times, 21/10/1918, Editorial.

too few unaffected people to sustain it at an epidemic level. Simply put, there was 'not the same amount of fuel to feed the fires', a specialist explained.¹⁹⁸ The number of deaths began to fall steadily from 15 October onwards and three days later Dr Anderson ventured to announce publicly that 'the epidemic has about run its course and is well under control.'¹⁹⁹ Businesses began to re-open, public transport to run more regularly, employees returned to work in growing numbers and trade picked up. 'For the first time since the outbreak was recognised as serious', noted the Cape Argus on 21 October, 'one noticed a few people taking a leisurely and sociable morning tea on balconies.'²⁰⁰

As the epidemic continued to subside, so a start was made to winding down the system of relief. Tighter control began to be exercised over the distribution of food and comforts to ensure that 'idlers and loafers' did not receive them, house-visiting was streamlined, depots were allowed to keep shorter hours and from 21 October they began to be shut down. As the more serious cases still in the emergency hospitals were sent to regular hospitals, the former were able to close too.²⁰¹ By the end of the first week of November the extensive system of relief set on foot a month earlier had been more or less dismantled. Outwardly at least, Cape Town appeared almost normal again. On 2 November a satirical column in Bloemfontein's People's Weekly observed sardonically:

'The People Say:

"That the surest sign of the end of the epidemic in Capetown was the resumption of the murders and murder trials that appear to be part of the life - or death - of the Peninsula."²⁰²

Once the epidemic had passed, the newspapers were filled with

198. Cape Argus, 14/10/1918, p.5.

199. Cape Argus, 18/10/1918, p.5.

200. Cape Argus, 21/10/1918, p.5.

201. Cape Times, 21/10/1918, p.5; 22/10/1918, p.5; 23/10/1918, p.5; 24/10/1918, p.5; 25/10/1918, p.5; 26/10/1918, p.7; 28/10/1918, p.4; 29/10/1918, p.6; 30/10/1918, p.5; 6/11/1918, p.7; 11/11/1918, p.7.

202. People's Weekly, 2/11/1918, p.3.

✓ letters and notices of thanks for assistance rendered and consideration given by employers to employees,²⁰³ by the well-off to the poor²⁰⁴ and, most of all, by Whites to 'Coloureds' and Blacks.²⁰⁵ The large number from the latter two groups emphasizes how seriously hit they were by the epidemic - Dr Anderson estimated that three-quarters of the city's 'Coloureds' and Blacks were affected.²⁰⁶ Its virulence and widespread prevalence seem to have completely overwhelmed their traditional forms of mutual help by friends or family, rendering them almost wholly dependent on the Municipality's relief organization. It was the readiness with which this assistance was given that many found so surprising. A man on the Cape Flats was not alone when he remarked how

'The sad affliction through which we have passed...has revealed to many of us wholly unsuspected traits of real, practical sympathy felt for the poor by those in a happier position in life.'²⁰⁷

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203. See, for example, Cape Times, 24/10/1918, p.4; 31/10/1918, p.4; 5/11/1918, p.4; 9/11/1918, p.5. The usual form this took was payment while employees were laid up or nursing their families or the continued payment of all staff even if the business was closed. One prominent employer, African Theatres Trust, refused to follow this practice, however, and adopted a policy of 'no play no pay' with regard to its musicians for the period that its theatres were shut. The musicians responded by going on strike and won considerable sympathy from a public still infused with the spirit of co-operation and fellow-feeling of 'Black October'. For details of the strike see E Mantzaris: 'Another Victory for Trade Unionism: the 1918 Cape Town Musicians' Strike' in C Saunders and H Phillips (eds.): Studies in the History of Cape Town, vol. 3 (Cape Town, 1980); T Gutsche: The History and Social Significance of Motion Pictures in South Africa (Cape Town, 1972), p.157f.
204. See, for instance, Cape Argus, 5/11/1918, p.6 (Letter from K Ahmed); 7/11/1918, p.5 (Letter from G van der Schuur).
205. See, for example, Cape Times, 22/10/1918, p.6 (Letter from S Jordan); 5/11/1918, p.8 (Letters from N Menigo and from DRC Missionary, Retreat); 11/11/1918, p.8 (Letter from H S Gamildien); 16/11/1918, p.10 (Letter from J C Baugaard); 18/11/1918, p.8 (Letter from Coloured and Bantu Union of West London); Cape Argus, 30/10/1918, p.6 (Letter from M Isaacs); 2/11/1918 (Letter from E M Fakier); 16/11/1918, p.5 (Letter from Ebenezer Kerkraad); De Burger, 18/11/1918 (Letter from F N van Niekerk).
206. CT MOH's Report, p.10.
207. Cape Argus, 7/11/1918, p.5 (Letter from G van der Schuur).

This is what 'Coloureds' felt to be so heartening in the assistance given by Whites. Dr Abdurahman 'expressed the thanks of the coloured community to those citizens who had so ungrudgingly and unselfishly helped them during the Epidemic',²⁰⁸ while a meeting of the 'Coloured' community chaired by Reverend F M Gow of the AME Church unanimously carried a motion of thanks to the Executive Committee

'for the noble and self-sacrificing work done for our people....We do so all the more because it was a real practical sympathy, not confined to any one class, but all shared alike in the spontaneous effort to relieve necessitous cases. Many of our people were rescued who otherwise would have perished from starvation and death.'²⁰⁹

While most 'Coloureds' and Blacks seem to have been willing to accept what doctors and relief-workers prescribed - not that the high incidence and debilitating effect of the 'flu left many with the energy to do otherwise²¹⁰ - it would be inaccurate to present a picture which ignored the resentment felt by some at the unwonted interference in their daily lives by strangers from a group usually quite unsympathetic to their problems. Occasionally such feelings prompted active resistance, as when corpses were concealed to prevent their being taken for burial in a mass grave²¹¹ or when the Council's cleansing gangs were abused, obstructed and even assaulted as they tried to remove rubbish from backyards as part of their clean-up campaign.²¹² Opposition was

208. CACT: 3/CT, vol. 1/1/1/75, p.230.

209. Cape Argus, 19/11/1918, p.7.

210. The presence of Dr Abdurahman in key positions within both medical and Municipal establishments would have ensured the compliance of most Muslims, unlike in 1882 or 1901. (See A Davids: '"The Revolt of the Malays" - A Study of the Reactions of the Cape Muslims to the Smallpox Epidemics of Nineteenth Century Cape Town' in C Saunders et al (eds): Studies in the History of Cape Town, vol. 5 (Cape Town, 1984), pp.59-66 and E B van Heyningen: 'Cape Town and the Plague of 1901' in C Saunders et al (eds): Studies in the History of Cape Town, vol. 4 (Cape Town, 1981), pp.98-101).

211. Cape Times, 31/7/1929, p.9; 8/8/1929 (Letter from A Abdurahman); 10/8/1929 (Letter from 'Get Busy').

212. CTMM 1918-1919, p.22; CT MOH's Report, p.9; Cape Argus, 4/11/1918, p.4.

probably offered in less obvious ways too (for instance, refusing to take medicine or blocking up window-panes broken by relief-visitors in their zeal to admit fresh air²¹³), but little record of this has survived.

It would be equally misleading to deny that in the midst of the crisis some Capetonians acted quite selfishly, like the men who broke into the huts of 'flu victims at Ndabeni to steal money,²¹⁴ or the shopkeepers who increased the price of their lemons and oranges when these were in great demand,²¹⁵ or the little boys who sold the medicine bottles they had received at relief-depots after emptying the contents into the street,²¹⁶ or the freeloaders who took advantage of the availability of free provisions for stricken families to collect as much as they could for themselves. Instances of the latter caused relief-depots to check the bonafides of doubtful applicants; almost inevitably, it was primarily 'Coloured' applicants who were subjected to such scrutiny.²¹⁷

Prejudice of this sort was not slow to reappear as the epidemic abated and it was not long before White women were complaining angrily about the failure of their domestic servants to return to work quickly enough. Early in November, for instance, The Cape's 'The Better Half' column grumbled:

'Coloured ladies, even the indispensable "char", appear to be sitting placidly and comfortably in the fastnesses of their own homes, in

213. Cape Times, 9/10/1918, p.6 (Letter from J Mulvihall); 16/10/1918, p.5; Letter to author from Mrs I G Reed, 26/10/1978.

214. Interview with Mrs L Mauru.

215. Cape Times, 10/10/1918, p.5; 11/10/1918, p.5; 18/10/1918, p.6; Cape Argus, 10/10/1918, p.5 (Letters from 'Criticus' and 'Fiat Justitia'); 11/10/1918, p.4 (Letter from CAM and advertisement by Nichollas and Company); Interview with Dr J F Midgley. For allegations of profiteering by wholesalers see Central Archives, Pretoria: K17 (Minutes of Evidence to Cost of Living Enquiry), vol. 11, p.1862.

216. Cape Times, 11/10/1918, p.6; 16/10/1918, p.5; Interview with Mr Crawford.

217. Cape Times, 14/10/1918, p.5; 25/10/1918, p.5.

undisturbed and luxurious convalescence, while the influenza-ridden housewife drags her weary limbs round a dust-laden and disorderly household.'²¹⁸

The authoress was not wrong about the absence of many domestic servants, but her prejudice blinded her to the main cause: the epidemic's very high toll among young 'Coloured' adults in the Peninsula. Indeed, so devastating was its effect on them that well into the following year such labour remained in short supply in Cape Town. 'Large numbers of families who can well afford servants are doing without them for the simple reason that none are available', reported the Magistrate of Cape Town at the end of 1919. He attributed this in part 'to the ravages of the epidemic during last year.'²¹⁹

THE TOLL

Two fundamental difficulties lie in the way of reaching a definitive total for the deaths caused by the epidemic in Cape Town: the overlapping nature of the districts for which mortality figures are available²²⁰ and, even more basically, the dubious nature of the figures themselves, both for cases and deaths. So many of the latter had gone unrecorded (especially among 'Coloureds'), observed the Cape Argus, that 'It is even doubtful whether the total [number of burials reported by the Maitland Cemetery Board] includes all who were taken to Maitland.'²²¹ It is not surprising,

218. The Cape, 8/11/1918, p.24. See too Cape Argus, 18/11/1918, p.5 (Letter from N A P) and 19/11/1918, p.7 (Letter from E A).

219. Central Archives, Pretoria: J 190, file 1/307/19, Annual Report of Magistrate of Cape Town for 1919. On the post-'flu shortage of labour in Cape Town see Cape Times, 30/11/1918, p.8 and Daily Dispatch, 5/3/1919, p.8.

220. For instance, several of Cape Town's suburbs fell into the Wynberg Municipal or Magisterial Districts, while Muizenberg and Kalk Bay were in the Simonstown Magisterial District yet part of the Cape Town Municipality. As for the 'Cape Town Division' for which the Influenza Epidemic Commission reported figures, it embraced the whole of the Peninsula and parts of its immediate hinterland (Union of South Africa: Official Year Book of the Union, No. 3 - 1919, p.220). What the population of this amorphous Division was is guesswork.

221. Cape Argus, 27/11/1918, Editorial.

therefore, that, whereas no official estimate put the death-toll in Cape Town and its environs above 6 342,²²² popular estimates ranged between 7 000 and 14 000.²²³ Dr Willmot himself estimated the total to be 7 400 only for the period 1-25 October;²²⁴ moreover his figure was generally regarded 'as a very large underestimate', reported the Rand Daily Mail.²²⁵ 'If [the toll had] continued for one year', calculated one reporter, 'the entire population of a city three times the size of Cape Town would have ceased to exist.'²²⁶

Thus, it should be remembered that the mortality figures included in Tables 2-7 are poorly-based, to say the least; they should almost certainly be revised upwards, perhaps by as much as 40%.

Thanks to a breakdown of the figures for the Cape Town Municipal area by the City's MOH, it is possible to analyse the recorded deaths in this area in greater detail, according to sex (Tables 3 and 4), age (Tables 5 and 6) and the ward in which victims lived (Table 7). Unfortunately, this is one of the few areas in South Africa for which such particulars are available.

222. See Table 2.

223. See, for instance, estimates in New True Templar, November 1918, p.1; Cowley Evangelist, January 1919, p.17; Architect, Builder and Engineer, 1/11/1918, p.19; Cape Argus, 8/11/1918, p.7; Die Ebenezer, 1/12/1918, p.22; South African Review, 8/11/1918, p.13; South African Jewish Chronicle, 1/11/1918, p.983; Cape Times, 23/10/1918, p.5; Copy of letter in author's possession from Dr C F Juritz to Reverend J Kingon, 3/11/1918; Witwatersrand University Library, Historical and Literary Papers Division: AB 186 (Carter Letters), Carter to Lord Wenlock 24/10/1918; CACT: A 1947 (Albrecht Diaries), vol. 1/32, p.85; UCT Library, Manuscripts Department, BC 160 (Alexander Papers), Correspondence 1918-20, Memorandum by Citizens' Housing Council, 11/3/1919, p.2; BC 294 (Duncan Papers), Letter D1.18.10, Hennessy to Duncan, 25/10/1918.

224. Rand Daily Mail, 28/10/1918. He estimated that 3/4 of these were 'Coloured' and Black.

225. Rand Daily Mail, 29/10/1918.

226. Cape Times, 23/10/1918, p.5.

TABLE 2

SPANISH 'FLU AND ITS COMPLICATIONS IN CAPE PENINSULA: CASES AND DEATHS, SEPTEMBER-NOVEMBER 1918

AREA	POPULATION			CASES					CASES/100 OF POP		DEATHS					DEATHS/100 OF POP			SOURCES
	W	C,I,B	T	W	C	B	I	T	W	C,I,B	W	C	B	I	T	W	C,I,B	T	
Cape Town Division	115 500 ^x ?	184 500 ^x ?	c. 300 000 ^x	48 830	72 282	1 608	-	122 720	42.28 [?]	40.05 [?]	1 456	4 125	664	97	6 342	1.26 [?]	2.65 [?]	2.11 [?]	UG 15-'19, p.24; Union of South Africa: Official Year Book of the Union, No.3-1919, p.220.
Cape Town Magisterial District	71 937	132 662	204 599	?	?	?	?	?	?	?	1 111	3 192			4 303	1.54	2.41	2.1	UG 36-'19, pp.36, 75.
Durbanville sub-Magisterial District	3 564	5 639	9 203	?	?	?	?	?	?	?	9	311			320	0.25	5.52	3.48	UG 36-'19, pp.37, 75.
Simonstown Magisterial District	8 056 ¹	4 050	12 106	4 028 ²	3 256 ²			7 284 ²	50	80.4	69	279			348	0.86	6.89	2.87	UG 36-'19, pp.37, 75, except for 1 and 2.
Wynberg Magisterial District	31 995 ³	42 000	73 955	?	?	?	?	?	?	?	404	1 394	59	21	1 878	1.26	3.51	2.54	Union of South Africa: Official Year Book of the Union, No.3-1919 p.220 except for 3
CT Municipal Area	90 348 ⁴	82 350 ⁴	172 689	MOH believed 'fully half the European pop. and 75 per cent of the coloured were affected' ⁴							1 111 ⁵ or 1 128 ⁶	3 192 ⁵ or 3 253 ⁶			4 303 or 4 381	1.23 or 1.25	3.88 or 3.95	2.49 or 2.54	

x = based on estimated totals for Magisterial Districts of Cape Town, Durbanville, Wynberg and Simonstown.

1. UG 50-'19, p.6.
2. CACT: 3/SMT, file 4/1/22: Magistrate of Simonstown to Town Clerk, 6/11/1918.
3. UG 50-'19, p.6.
4. CT MOH's Report, p.10.
5. Ibid., Table X.
6. Ibid., Table XI.

TABLE 3

SPANISH 'FLU DEATHS IN MUNICIPAL AREA
OF CAPE TOWN BY RACE AND SEX

	MALE	FEMALE	TOTAL
WHITE	660 (15.34%)	450 (10.46%)	1110 (25.8%)
'COLOURED', INDIAN AND BLACK	1875 (43.58%)	1317 (30.61%)	3192 (74.2%)
T O T A L	2535 (58.93%)	1767 (41.07%)	4302

(Bracketed figures indicate each category's percentage of total Spanish 'flu deaths in Cape Town).

Sources: CT MOH's Report, Table VII, p.3;
: Union of South Africa: Census of Europeans, 1918, Part I, UG 50-'19, p.26;
: CTMM 1918-1919, Appendix 8, p.1.

TABLE 4

SPANISH 'FLU MORTALITY IN MUNICIPAL AREA
OF CAPE TOWN PER 100 OF POPULATION BY SEX

	MALE	FEMALE
WHITE	1.44	1.03
'COLOURED', BLACK AND INDIAN	4.8	3.04

Sources: CT MOH's Report, Table VII, p.3;
: Union of South Africa: Census of Europeans, 1918, Part I, UG 50-'19, p.26;
: CTMM 1918-1919, Appendix 8, p.1.

TABLE 5**SPANISH 'FLU DEATHS IN MUNICIPAL AREA OF CAPE TOWN BY RACE AND AGE**

	0-1 YEARS	1-5 YEARS	TOTAL UNDER 5 YEARS	5-15 YEARS	15-25 YEARS	25-35 YEARS	35-45 YEARS	45-55 YEARS	55-65 YEARS	65-75 YEARS	75 YEARS AND OVER	UNKNOWN AGE	TOTAL
WHITE	38 (0.87%)	68 (1.55%)	106 (2.42%)	30 (0.68%)	210 (4.79%)	384 (8.77%)	226 (5.16%)	102 (2.33%)	47 (1.07%)	17 (0.39%)	5 (0.11%)	1 (0.02%)	1 128 (25.75%)
'COLOURED', BLACK AND INDIAN	265 (6.05%)	392 (8.95%)	657 (15%)	245 (5.59%)	645 (14.72%)	915 (20.89%)	457 (10.43%)	210 (4.79%)	69 (1.57%)	26 (0.59%)	12 (0.27%)	17 (0.39%)	3 253 (74.25%)
TOTAL	303 (6.92%)	460 (10.5%)	763 (17.42%)	275 (6.28%)	855 (19.52%)	1 299 (29.65%)	683 (15.59%)	312 (7.12%)	116 (2.65%)	43 (0.98%)	17 (0.39%)	18 (0.41%)	4 381

(Bracketed figures indicate each category's percentage of total Spanish 'flu deaths in Cape Town.)

TABLE 6**SPANISH 'FLU DEATHS IN MUNICIPAL AREA OF CAPE TOWN PER 100 OF WHITE POPULATION BY AGE¹**

	<1	1-4	TOTAL UNDER 5	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	UNKNOWN	TOTAL
WHITE POPU- LATION OF CAPE TOWN BY AGE GROUP	1 797	7 118	8 915	19 826	15 493	13 058	13 532	9 887	5 203	2 411	825	24	89 174
SPANISH 'FLU DEATHS PER 100 OF EACH AGE GROUP	2.11	0.96	1.19	0.15	1.36	2.94	1.67	1.03	0.9	0.71	0.61	4.17	1.26

1. This table includes Whites only as the 1918 Census (which contained the analysis of the population by age) was limited to Whites.

Sources: CT MOH's Report, Table XI

: Union of South Africa: Census of Europeans, 1918, Part II, UG 51-'19, p.46.

TABLE 7

SPANISH 'FLU' DEATHS IN MUNICIPAL AREA OF CAPE TOWN BY RACE AND WARD

WARD	Sea Point	Harbours	West Central	Kloof	Park	East Central	Castle	Woodstock	Salt River	Mowbray	Maitland	Rondebosch	Claremont	Kalk Bay	N. A.	TOTAL
	1	2	3	4	5	6	7	8	9	10	11	12	13	14		
WHITE	85 (1.98%)	71 (1.65%)	23 (0.53%)	84 (1.95%)	62 (1.44%)	76 (1.76%)	54 (1.25%)	152 (3.53%)	166 (3.86%)	93 (2.16%)	104 (2.42%)	61 (1.42%)	64 (1.49%)	14 (0.33%)	2	1 111 (25.82%)
'COLOURED', INDIAN & BLACK	20 (0.46%)	232 (5.39%)	170 (3.95%)	222 (5.16%)	60 (1.39%)	556 (12.92%)	472 (10.97%)	187 (4.35%)	263 (6.11%)	110 (2.56%)	281 (6.53%)	317 (7.37%)	249 (5.79%)	53 (1.23%)		3 192 (74.18%)
TOTAL	105 (2.4%)	303 (7.04%)	193 (4.49%)	306 (7.11%)	122 (2.84%)	632 (14.69%)	526 (12.22%)	339 (7.88%)	429 (9.97%)	203 (4.72%)	383 (8.95%)	378 (8.78%)	313 (7.27%)	67 (1.56%)	2	4 303

(Bracketed figures indicate each category's percentage of total Spanish 'flu deaths in Cape Town.)

Source: CT MOH's Report, Table VIII

THE AFTERMATH

Capetonians emerged from the episode of 'Black October' grieving and distraught. 'There has been so much heartache and misery - so much anxiety -' wrote one columnist feelingly, 'that the strain has been almost past bearing....'²²⁷ Similar feelings prompted a critic on another journal to call for public entertainment to recommence at once to give 'some respite to the residents of Capetown, who have lived in the hell of Capetown's horror this last month, and have seen sights that will haunt them to their dying day,....'²²⁸

To middle-class Whites, among Capetonians the least accustomed to scores of deaths in their own ranks through disease, the apparently indiscriminate decimation of the population came as a great shock. Trying to comprehend this according to the crude scientific ideas which they had picked up, they made a direct link between the epidemic's severity and unhygienic and overcrowded conditions in the slums. Few local doctors offered much by way of an alternative explanation. (Anyway, commented the South African Medical Record, all welcomed attention to slums and sanitation, 'whatever may be the inspiring motive'²²⁹). The opinion that swarming, insanitary slums were to blame was given wide currency in print through graphic exposés and numerous letters, editorials and articles on this theme;²³⁰ these were supplemented by the personal experience of conditions in the slums which many had gained in the course of house-to-house relief visits, when they

227. South African Jewish Chronicle, 1/11/1918, p.983.

228. The Cape, 1/11/1918, p.13.

229. South African Medical Record, 9/11/1918, p.320.

230. See, for instance, Cape Times, 7/10/1918, p.5 and Editorial; 8/10/1918, p.5; 9/10/1918, p.6; 14/10/1918, p.6; 23/10/1918, pp.5, 6; 25/10/1918, Editorial; Cape Argus, 9/10/1918, Editorial; 12/10/1918, Editorial; 14/10/1918, p.6 (Letter from 'Interested'); 22/10/1918, Editorial; The Cape, 1/11/1918, p.6; 8/11/1918, p.11; De Burger, 14/10/1918, Editorial; Architect, Builder and Engineer, 1/11/1918, p.19; S W Lavis: Overcrowding and the Open Sore of the Slums (Cape Town, 1927), pp.4, 5.

themselves 'learned what they never knew before,...[and] discovered in what hovels and under what discomfort the less-favoured classes live....'²³¹ From 'plague-spots' like these to the infection of the rest of the city was but a short step, they reasoned. A Cape Argus columnist recognized in this the essential interrelatedness of the health of all Capetonians, pointing out that

'Death has stalked from its vantage ground
in these crowded rooms and seized our
youngest and strongest in their immaculate
surroundings.'²³²

Since a return by the epidemic was widely forecast,²³³ immediate action was imperative to remedy the conditions which were believed to have made its first visit so devastating. Whether their motive was self-interest, humanitarian concern for the wellbeing of the lower classes or a determination not to be caught unprepared again, middle-class Capetonians led the clamour for preventive measures. 'He thought if they had any reason for [a sudden outburst of panic] legislation...', a city councillor told the Council, 'it was their experiences during the past three weeks.'²³⁴ Others agreed wholeheartedly and, by the beginning of November, numerous schemes to clean up Cape Town and put an end to overcrowding were being outlined by churches and other concerned organizations and individuals. A 'fervour for cleaning up the city... possessed every citizen and every Councillor', noted one prominent businessman.²³⁵

231. Programme of 38th Meeting of Capetown Citizens 3/11/1918 (Cape Town, 1918), Memoranda p.4.

232. Cape Argus, 19/10/1918, p.7. For other expressions of this view see Cape Argus, 12/10/1918, Editorial; 14/10/1918, Editorial; Cape Times, 19/10/1918, p.7; 22/10/1918, p.6; 28/10/1918, Editorial; The Cape, 11/10/1918, p.6; South African Postal and Telegraph Herald, November 1918, p.55.

233. Cape Times, 19/10/1918, p.7; 23/10/1918, p.6; 21/11/1918, p.7 (Letter from J McDonald); 6/1/1919, p.8 (Letter from J McDonald); Cape Argus, 31/12/1918, p.7; 15/1/1919, Editorial; South African Review, 8/11/1918, p.9; 15/11/1918, p.8.

234. Cape Times, 1/11/1918, p.8.

235. Cape Argus, 30/10/1918, p.5.

That this was not merely the enthusiasm of a small number of would-be reformers is clear from what followed. How deep-rooted and enduring this ardour for reform was is another matter. Cape Town had known such enthusiasm for social reform before in its recent history, notably after the smallpox epidemic of 1882 and the plague of 1901, but few lasting improvements had come of these experiences.²³⁶ The Church Chronicle had seen it all before and had few doubts that history would repeat itself. In its past, it wrote reproachfully,

'Capetown...has had dozens of lessons, oceans of advice and glowing appeals from those who know. What has been the result? Floods of talk, reams of letters in the press and not a square inch less of slumland nor of new houses. Capetown lives wholeheartedly and devotedly on the old fatalistic soothing syrup of laziness. "Wacht een beetje". "Alles zal recht komen". The real trouble lies with those who hold the purse strings.'²³⁷

Yet, the initial zeal with which the Municipality tackled the clean-up campaign as the epidemic receded gave promise that perhaps even the toughest obstacles might be overcome.

Houses in which 'flu had occurred were thoroughly disinfected,²³⁸ cemeteries were closely inspected for evidence of burials which had been too shallow²³⁹ and a comprehensive campaign was under-

236. V Bickford-Smith: 'Dangerous Cape Town: Middle-class Attitudes to Poverty in Cape Town in the Late Nineteenth Century', and E B van Heyningen: 'Cape Town and the Plague of 1901' in C Saunders et al. (eds.): Studies in the History of Cape Town, vol. 4, pp.56-8, 102-3; Cape Times, 23/10/1918, p.5.

237. Church Chronicle, 31/10/1918, p.387. For similar fears as to the fate of reform in Cape Town, see The Cape, 8/11/1918, p. 11 and 20/12/1918, pp.20-1; Cape Argus, 23/10/1918, p.5; South African Lady's Pictorial and Home Journal, November 1918, p.4; CACT: A 540 (Michell Diaries), vol. 8, Entry for 28/11/1918.

238. Cape Argus, 23/10/1918, p.5; CACT: 4/CT, vol. 1/2/1/1/26, p.124. Wynberg Municipality put the onus for having infected houses disinfected on the owner or landlord (Cape Times, 31/10/1918, p.6).

239. CACT: 4/CT, vol. ADD 1/1/2, p.273; Cape Argus, 30/10/1918, p.5; Cape Times, 31/10/1918, p.6.

taken to cleanse backyards and alleys of insanitary refuse, especially in more congested areas. 'Lanes are being swept and fumigated, dirt heaps are cleared,' rejoiced a District Six resident, 'and it seems as if at last our City Fathers have been awakened to a sense of their responsibilities, especially towards the poor,...'²⁴⁰ ✓✓

To monitor the sanitary state of the city more effectively, a number of extra sanitary inspectors were appointed early in 1919.²⁴¹ Dr Anderson hoped that this increased staff would also ensure the speedy discovery of any recurrence of the epidemic²⁴² and to this end too, he introduced voluntary notification of influenza by local doctors.²⁴³ In addition, when in March 1919 a renewed outbreak appeared imminent, he persuaded the City Council to engage a temporary additional MOH to assist him in investigating suspected cases.²⁴⁴

Many ordinary Capetonians showed themselves no less sensitive to dirt and insanitation. Letters to the press and public meetings highlighted unhygienic conditions of every sort,²⁴⁵ residents of Observatory set up a permanent Public Health Vigilance Committee,²⁴⁶ middle-class ladies worried about the cleanliness of the conditions under which their laundry was done by 'Coloured' washerwomen²⁴⁷

240. Cape Argus, 7/11/1918, p.5 (Letter from H R Veldsman).

241. CACT: 3/CT, vol. 1/1/1/75, p.368; CTMM 1918-1919, Appendix 8, p.xxxi.

242. IEC, vol. 2, file 8, part 2: Evidence of Dr Anderson, p.7; CT MOH's Report, p.15.

243. CTMM 1918-1919, Appendix 8, p.xxiv.

244. CACT: 3/CT, vol. 1/4/7/1/1/10, p.210; Cape Times, 25/4/1919, p.8.

245. See, for instance, Cape Times, 24/10/1918, p.6 (Letters from 'Vigilant' and 'Anti-Tape'); 26/10/1918, p.8 (Letter from H James); 30/10/1918, p.6 (Letter from 'Only a Woman'); 11/11/1918, p.10; 19/11/1918, p.7 (Letter from I Super); 27/11/1918, p.9; 28/11/1918, p.8; Cape Argus, 28/12/1918, p.4 (Letter from W B Taylor); 31/12/1918, p.10 (Letter from 'Satis Verborum').

246. Cape Times, 15/11/1919, p.11; 27/11/1920, p.10.

247. The Cape, 8/11/1918, pp.25-7. There was perhaps a connection between their growing concern and the dramatic increase in

and court-cases against Blacks 'illegally' in the city prompted sharp criticism of the overcrowded and filthy conditions under which they lived. 'I consider the state of affairs as absolutely scandalous considering the virulence and ravages of the recent epidemic, and the probability of its recurrence', said the presiding magistrate. 'I cannot understand after what Cape Town has just passed through, how such a state of things could still exist.'²⁴⁸

All over the Peninsula the need for healthy living conditions was proclaimed, sometimes with surprising effect. For instance, the city's shopkeepers agreed to shorten the working day by up to an hour to allow their employees more time in the open air,²⁴⁹ while a year after 'Black October' an appeal to provide seaside holidays for poor local children could still point to the 'Experience in the Epidemic [which] showed what a woeful indifference to fresh air there is in the congested areas of the city.'²⁵⁰ Within a few weeks over £300 was raised²⁵¹ and in 1920 the scheme took permanent form as the Cape Times Fresh Air Fund,²⁵² a charity still operating to-day.

Moreover, the newly-awakened concern for health went beyond preventive measures and paid attention to the treatment of the sick too, for the epidemic had sharply underlined the inadequacy of hospital accommodation in Cape Town.²⁵³ In the aftermath, the

the number of steam laundries in Cape Town in 1919 (I am grateful to Don Pinnock for these statistics); also perhaps between this concern and the new regulation of conditions under which laundry might be done (CTMM 1920-1, pp. 36-38).

248. Cape Argus, 31/12/1918, p.7. See too Cape Argus, 2/1/1919, Editorial; Cape Times, 1/1/1919, p.8; South African Review, 10/1/1919, p.18.
249. Cape Argus, 18/11/1918, Editorial; Cape Times, 8/5/1919, p.9.
250. Cape Times, 31/10/1919, Editorial.
251. Cape Times, 9/10/1920, Editorial.
252. Cape Times, 9/10/1920, Editorial.
253. CT MGH's Report, p.14; Cape Times, 28/11/1918, pp.7, 8; 14/3/1919, Editorial and p.8; J H Louw: In the Shadow of Table Mountain, p.115; C G Botha: The Cape Hospital Board 1913-1949 (Cape Town, n.d.), p.9.

Cape Hospital Board stepped up its campaign for a new general hospital on the Groote Schuur Estate,²⁵⁴ while in 1919 the Synod of the Cape Dutch Reformed Church appointed a commission to consider the erection of a 'Volkshospitaal'.²⁵⁵ 'De gevolgen van de epidemie dringen ons om die zaak niet langer uit te stellen', declared the Praeses of the local Ring.²⁵⁶

At a domestic level, a widespread ignorance of basic nursing skills among the Peninsula's women had been revealed too and in November 1918, a fund was launched to enable the St John Ambulance Association to give free public courses on home nursing.²⁵⁷

Commending the idea, the New True Templar pointed out that in the epidemic,

'More people died from lack of nursing than from lack of medicine;....In no way could we as coloured people better prepare [for a recurrence] than that we should start immediately to train suitable young women to nurse the sick.'²⁵⁸

By February 1919 over £2 200 had been subscribed²⁵⁹ and some 500 women of all races were in training.²⁶⁰

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254. CACT: HBC vol. 3, pp.261-2; CACT: PAH vol. 24, files H6/41 and H6/43. However, it was 1938 before the Groote Schuur Hospital was finally opened (Standard Encyclopaedia of South Africa, vol. 5 (Cape Town, 1972), p.366).
255. Handelingen van de XXIV Vergadering van de Synode der NGK in Zuid Afrika, 1919, Synodale Handelingen, p.15. The Volkshospitaal was opened in 1930 (Standard Encyclopaedia of South Africa, vol. 8 (Cape Town, 1973), p.151).
256. De Burger, 28/11/1918, p.3.
257. St John Ambulance Association, Cape Town Centre: 28th Annual Report for 1919, p.9; Cape Hospital Board: Annual Report for 1918-19, p.17; Cape Times, 7/12/1918, p.7; CACT: HBC 3, p.216.
258. New True Templar, November 1918, p.4. See too The Cape, 22/11/1918, p.26. For similar advice to Afrikaners, see De Burger, 16/11/1918, Editorial.
259. Cape Argus, 11/2/1919, p.7.
260. Cape Times, 7/2/1919, p.8. With the same aim in mind, in March 1919 Canon Lavis helped to form a branch of the District Nursing Organization in his St Paul's parish (Cape Times, 4/6/1924).

As for the immediate care of the 'flu orphans and assistance for families left destitute by the death of a breadwinner, both the City Council's Executive Committee²⁶¹ and local charity organizations²⁶² quickly realized that the task was beyond their limited resources. Accordingly, they agreed to a proposal by the Administrator, Sir Frederic de Waal, that a joint Epidemic Relief Committee be set up pro tem. to administer relief and investigate the full extent of what assistance would be required in the longer term.²⁶³ So satisfied was De Waal with its work during the next two months that he subsequently provided for the establishment of similar Boards of Relief to dispense special poor relief in cases of natural disasters when he re-organized the system of poor relief in the Cape in 1919.²⁶⁴

In addition, he created a permanent, financially secure body, the Cape Town and Wynberg General Board of Aid, to supervise the provision of additional and special poor relief in the Peninsula;²⁶⁵ thereby he formally involved the two local Municipalities in such work for the first time. The establishment of this Board was aimed at trying 'to perpetuate in some way the excellent Board which came into existence as a result of the epidemic'²⁶⁶ and so prevent a repetition of the situation during the epidemic when the privately-funded Cape Peninsula Charity Organization had been unable to take charge of the provision of relief locally because of a lack of funds.²⁶⁷

The new Board of Aid took over the Epidemic Relief Committee's functions and continued for some years to provide help to those cases which had arisen from the 'flu.²⁶⁸ Concerts, bazaars and

261. Cape Times, 29/10/1918, p.5.

262. Cape Times, 2/11/1918, pp.7-8.

263. Cape Times, 6/11/1918, pp.7-8; 9/11/1918, p.7.

264. Ordinance 4 of 1919, section 5.

265. *Ibid.*, section 17.

266. Cape Times, 25/1/1919, p.9.

267. *Ibid.*

268. Cape Times, 5/6/1920, p.13; UCT Library, Manuscripts

collections to raise funds for their care became regular features in Cape Town over the next few years. When a Social Welfare Advisory Committee to the City Council's Public Health Committee was set up in 1920,²⁶⁹ the Board was represented on it along with other local charity organizations.²⁷⁰ The Board continued to operate until the mid-1970s.

If there was one area in which the experience of 'Black October' seemed to produce a major result quickly, it was housing. Convinced that overcrowded living conditions had been a prime factor in the epidemic's virulence, influential Capetonians recognized that urgent steps were necessary to remedy them.²⁷¹ In this the City Council took the lead. At its first post-'flu meeting on 31 October it agreed not only to raise £250 000 to construct houses for its own employees, but also to examine a Queensland scheme to provide advances to ratepayers of limited means to build homes of their own.²⁷² Voicing the reformist zeal in the air, one councillor declared:

'If members of the Council had been with Canon Lavis and himself on the previous day, and saw the dens and kennels in which people lived worse than rats they would support immediate steps to remove this blot on the town. He had never had

Division: BZA 83/31 (Abdurahman Family Papers), Box 2 folder 4, 'Cape Town and Wynberg General Board of Aid: First Report 1919', pp.3-7.

269. Child Welfare Conference: Report of Proceedings of 4th Annual Conference, 1920, p.9; CACT: 3/CT, vol. 1/4/7/1/1/11, p.269; CTMM 1919-1920; p.35. The original suggestion came from the 1919 Child Welfare Conference which actually proposed that municipalities should set up their own Social Welfare Departments to tackle the social problems revealed by the epidemic (Report of Proceedings of 3rd Annual Conference, 1919, p.12; CACT: 3/CT, vol. 1/4/7/1/1/11, p.126).
270. Child Welfare Conference: Report of Proceedings of 4th Annual Conference, 1920, p.9; CACT: 3/CT, vol. 1/4/7/1/1/11, pp.265, 269.
271. The Administrator even let it be known that he was toying with the idea of banning the owners of slum property from sitting on municipal councils (Cape Times, 5/11/1918, p.9).
272. CACT: 3/CT, vol. 1/1/1/75, pp.150-152; Cape Times, 1/11/1918, pp.7-8.

an idea that such a state of affairs existed until yesterday, and he would oppose any more money being spent on the Pier or at Muizenberg until a housing scheme had been carried out.'²⁷³

The Council also urged the Central Government and the private sector to do likewise for their local employees²⁷⁴ and, as a result, the Chamber of Commerce²⁷⁵ and the newly-constituted Employers' Housing Committee²⁷⁶ set up committees to investigate the feasibility of such schemes. Moreover, when the former's committee appeared to be making little headway, its president, Richard Stuttaford, put forward the idea of establishing a garden city on the Uitvlugt Forest Reserve, offering £10 000 himself as a start. 'For some time past, and more particularly since the influenza epidemic, I have given a good deal of thought to the question of better housing for the people of our larger cities', he wrote in January 1919. 'I feel certain it [the garden city scheme] will materially help towards the physical and moral improvement of our people.'²⁷⁷ The Government readily ceded the land requested to the new Garden Cities Trust and in 1921 the construction of the first houses in Pinelands was begun.²⁷⁸

On a far smaller scale, the African People's Organization set up its own Mutual Building Society in 1919 to assist its members to build their own homes. By 1929 the Society had helped in the construction of some 200 houses.²⁷⁹ It continues to function

273. Cape Times, 1/11/1918, p.7.

274. CACT: 3/CT, vol. 1/1/1/75, pp.150-152; Cape Times, 1/11/1918, pp.7-8.

275. Cape Town Chamber of Commerce Monthly Journal, December 1918, pp.9, 12-14; Cape Times, 18/12/1918, p.8; 29/1/1919, p.8.

276. CACT: 3/CT, vol. 1/5/1/1/8, pp.310-11, 315; Cape Times, 1/1/1919, p.4.

277. Quoted in G Cuthbertson: 'A New Town at Uitvlugt - The Formation and Development of Pinelands' (Unpublished Honours dissertation, UCT, 1974), pp.11-12.

278. Ibid., pp.15, 30-2.

279. Cape Times, 15/8/1929 (Letter from A Abdurahman); Union

to-day as the Cape Town Terminating Building Society.

Meanwhile the City Council was also making progress with its own schemes. In May 1919 the Provincial Council passed the Municipal (Provision of Homes) Ordinance allowing the Municipality to make advances to persons earning below £360 p.a. to build their own homes.²⁸⁰ The raising of a loan of £100 000 to fund this scheme was subsequently approved.²⁸¹ As for the £250 000 scheme for housing municipal employees, strong backing came from the Citizens' Housing Council which launched a vigorous campaign to win support for the scheme, as the assent of ratepayers had to be secured first. Between March and August 1919 the Council held 15 public meetings where it urged that the scheme be approved 'in view of the experiences of the influenza epidemic.'²⁸² These had the desired effect and in August the city's ratepayers sanctioned the borrowing of £250 000 to construct what Stuttaford revealingly called, 'a kind of insurance against ill-health.'²⁸³

Nor did the City Council's readiness to tackle overcrowding end there. The shock of the epidemic's revelations also persuaded it to accept the quite radical idea of site-value rating of property in July 1919.²⁸⁴ This, the local Land Values League claimed,

'would make it easy to improve and increase the housing conditions of Cape Town, those cruel housing conditions that were responsible for quite half the deaths that occurred last October, when the black shadow of pestilence hovered over the city.'²⁸⁵

of South Africa: Report of the Select Committee on the Subject of the Building Societies Bill, SC 16-'32, p.67.

280. Ordinance 23 of 1919. Ordinance 5 of 1920 extended the scheme's provisions to those earning up to £500 p.a.

281. Cape Times, 13/8/1919, pp.7-8.

282. Cape Times, 15/3/1919, p.10 (Letter from Citizens' Housing Council).

283. Cape Times, 13/8/1919, p.7.

284. Cape Times, 15/7/1919, p.7.

285. Cape Times, 13/10/1919, p.8.

However, the scheme was voted down by a majority of ratepayers in October 1919 and had to be shelved.²⁸⁶ 'They'd been beaten by money-power and taxicabs', declared the Land Values League angrily.²⁸⁷

The tide of reformist ardour appeared to be ebbing and the promise generated by the flurry of post-'flu, post-Armistice activity fading in the face of new concerns and the reassertion of vested interests. The following months confirmed this trend, as delay, red tape, rising costs and a waning sense of urgency all took their toll, curtailing intended schemes and putting paid to any hope of mass housing projects to solve the problem of overcrowding. It was with a mixture of anger and despair that the Cape Times noted in July 1920:

'To-day, in spite of the tragic and appalling lessons of the Influenza visitation, the insanitary state of affairs in the slums has in no way changed for the better. If anything, it has probably become worse, since the housing problem has reacted more disadvantageously upon the poorer classes than upon any other section of the community. At the present time, therefore, it is idle to advocate such grandiose schemes as cleaning up the City by clearing out the slums....'²⁸⁸

By September 1926, seven years after the approval of the Council's schemes, nearly 1 000 houses²⁸⁹ had been built in terms of them or with the assistance of funds under the 1920 Housing Act.²⁹⁰ This meant that not even the estimated shortage of houses in 1919 (conservatively put at 3 500²⁹¹) had been overcome yet, let alone the additional requirements that had developed since then. 'All the

286. Cape Times, 13/9/1919, p.9; 15/10/1919, p.7.

287. Cape Times, 15/10/1919, p.7. (The taxicab reference is to the use of taxis to take voters to the polls).

288. Cape Times, 19/7/1920, Editorial.

289. CTMM 1925-6, Appendix 9, p.lxvi.

290. See ch. 11, pp.416-417.

291. UG 4-'20, para. 7.

work which the Council has put into the task of providing more houses during the last few years', commented the Cape Times sadly in December 1927, 'has no more than touched the fringe of the problem.'²⁹² With rare frankness it put its finger directly on a major reason a year later, when it admitted,

'...at no moment in the whole history of municipal housing in Cape Town has the situation ever looked like being taken seriously in hand. This ten or twelve years' test is surely enough. It is the final condemnation of municipal housing in a mixed society like ours....The melancholy fact must be faced that a local authority elected mainly by Europeans will not, in the absence of epidemics which take heavy toll of Europeans and non-Europeans alike, interest itself in non-European housing sufficiently keenly to do any appreciable good.'²⁹³ ✓

Given the enormous gap between the promise of 1919 and the meagre results of the following decade - by 1927 the shortage of houses had increased to over 6 000²⁹⁴ - it is easy to judge the Municipality's performance harshly. Yet, compared to the decades before the 'flu epidemic, the extent of the Council's involvement in the provision of housing in the 1920s was unprecedented. Whereas before 1918 public funding of housing had been approached with great circumspection, the pros and cons of forsaking private enterprise being endlessly debated,²⁹⁵ after 1918 those reservations disappeared almost entirely. The question was no longer whether public funds should be utilized in this way, but how much the Municipality could afford to allocate to housing. As early as September 1919 the City Council set up a standing Housing and Estates Committee in place of its Overcrowding Committee, 'having regard to the increase in the Council's activities in this connection.'²⁹⁶ In this change of attitude and approach, the experience of 'Black October' was crucial: it accelerated the

292. Cape Times, 30/12/1927, Editorial.

293. Cape Times, 17/12/1928, Editorial.

294. Cape Times, 15/8/1927

295. UG 4-'20, para. 8; J Shorten (ed.): Cape Town (Cape Town, 1963), pp.451-2.

296. CTMM 1919-1920, p.12.

acceptance of a principle which was only beginning to gain ground among the City's councillors and ratepayers. 'Such awful conditions were disclosed at that time [of the epidemic]', explained one councillor in 1919, 'that now housing was being brought within the same practical range as politics.'²⁹⁷ Throughout the 1920s, whenever housing was being debated, the epidemic formed the backdrop, either explicitly or implicitly. For instance, when new housing proposals met with opposition in 1928, a former mayor asked angrily:

'Surely our memories are very short if they fail to carry us back ten years! Do we need another Epidemic to awaken our consciences again? Do we need the presence of the grim Reaper, standing scythe in hand, waiting to claim his next victim, to remind us of unfulfilled promises?'²⁹⁸

The 'flu's dramatic lesson that 'Germs recognise no colour bar' (as Lavis put it²⁹⁹) was not forgotten. When an earlier housing Scheme was under discussion in 1924, a councillor had reminded the Council, 'If once an epidemic breaks out it will be no respecter of persons or parish boundaries - it will sweep the whole of Cape Town; whether you live in Sea Point or District Six you will not be safe.'³⁰⁰

Significantly, most of the new housing schemes which were undertaken by the Municipality (for instance those at Athlone, on the Cape Flats and in Lower Claremont) showed that middle-class Whites had learnt this lesson well - as a leading local businessman and political organizer had pointed out anxiously in October 1918, 'the rate of mortality amongst the better classes has been particularly high.'³⁰¹ If the risk of being infected by the poor

297. Child Welfare Conference: Report of Proceedings of 3rd Annual Conference, 1919, p.125.

298. Cape Times, 30/6/1928.

299. Cape Times, 16/7/1929.

300. Cape Times, 29/11/1924.

301. UCT Library, Manuscripts Division: BC 294 (Duncan Papers), Letter DL.18.10, Hennessy to Duncan, 25/10/1918. In an earlier letter, Hennessy had wondered whether 'the scenes we had seen & heard of in connection with others, were going

was to be minimized, the latter should be made to live apart, preferably at some distance from areas inhabited by those who felt threatened. As far as the latter could see, separation on the basis of race would do this most effectively, for, to no small degree, race coincided with class. The housing schemes which were built, therefore, were designated as either for Whites or for 'Coloureds'.

It is clear, therefore, that although the experience of 'Black October' may not have produced anything like enough houses to end overcrowding in Cape Town, it did exercise a major formative influence on the provision of housing in the Peninsula. Acceptance of the principle of public funding of housing, segregated townships for 'Coloureds', sub-economic schemes and the construction of tenement accommodation all owe a significant amount to Cape Town's experiences during 'Black October'.

Perhaps the clearest example of the heightened sensitivity of middle-class Whites after the 'flu to the threat of being infected by other Capetonians is to be seen in their treatment of the city's Blacks. The epidemic had highlighted the wretched state of both Ndabeni and the Docks Location, making it plain that considerable improvements were necessary. Even more alarming for middle-class Whites (since the 'flu had arrived via the harbour) was the realization of exactly how close to the city centre the Docks Location was and how easily its residents could be infected. It is 'a nursery for any nimble germ that may be lurking on vessels on which these natives are employed', an anxious reader wrote to the Cape Argus; ³⁰² moreover, many were convinced that men from the locations had spread the 'flu city-wide as they wandered all over town carrying it. ³⁰³ While the Docks labourers

to be repeated at closer quarters...' (Letter D1.18.9, Hennessy to Duncan, 17/10/1918). On Hennessy see Standard Encyclopaedia of South Africa, vol. 5 (Cape Town, 1972), p.485.

302. Cape Argus, 25/10/1918, p.6 (Letter from 'Health').

303. Cape Times, 28/11/1918, p.8. When Cape Town was threatened with a renewed outbreak of influenza in March 1919, the danger of Blacks in the city spreading it was frequently mentioned during the City Council's debate on the matter (Cape Times, 7/3/1919, p.8) as well as in business circles (Industries, March 1919, p.174).

were still under canvas at Green Point Cycle Track,³⁰⁴ the Executive Committee was wondering, 'whether it would not be advisable to locate the natives beyond the limits of the City as a health precaution', instead of allowing them to return to their old Location.³⁰⁵ This would mean that they 'may not be so readily able to frequent the city as they are at the present time, whilst housed in the Dock area.'³⁰⁶ ✓✓

Equally disturbing to middle-class Whites was the discovery by house-to-house relief workers that there were large numbers of Blacks residing within the city itself (usually crammed into areas like District Six, the fringes of the Malay Quarter and Salt River), in contravention of the Cape colonial law which stipulated that most Blacks should reside in a location.³⁰⁷ The explanation was simple: Ndabeni was too full to accommodate them.³⁰⁸ These men were held to have carried the 'flu even more widely through the Peninsula and, in the event of a recurrence, commented the Cape Times, would once again 'fall easy victims to the disease, and at the same time...act as fearfully effective agents in the dissemination of the influenza germ, whatever it is.'³⁰⁹ ✓

Early action followed these revelations. Although the harbour's need for a reliable supply of labour nearby precluded the closure of the Docks Location, the number of residents permitted there was reduced by restricting accommodation to Railways and Harbours employees only.³¹⁰ Meanwhile, the Government tried to rid itself of responsibility for Ndabeni ('an eyesore and a reprecach', the

304. See p.42.

305. Cape Argus, 22/10/1918, p.5.

306. CACT: 3/CT, vol. 3/1/1/183, p.645.

307. Cape Times, 23/10/1918, p.6; 24/10/1918, Editorial; 31/10/1918, p.6; 29/1/1919, p.8; 7/3/1919, p.8; CACT: 3/CT, vol. 3/5/1/1/16, p.78; 3/CT, vol. 3/1/1/183, p.624.

308. Cape Times, 13/12/1918, p.9; 1/1/1919, p.8; 20/1/1919, p.7.

309. Cape Times, 8/3/1919, Editorial.

310. CACT: 3/CT, vol. 1/5/1/1/8, p.285; Cape Times, 31/10/1918, p.6.

Acting Prime Minister called it³¹¹) to a not unwilling City Council. The Council saw in this offer a chance to take full control of the location, extend it and thus provide enough accommodation there for all Blacks currently within the city.³¹² In this way it hoped to reduce the 'threat' to the health of Whites in Cape Town.

However, when the Council discovered that land to extend Ndabeni would not be available, its willingness to take it over faded and it instead began to investigate other sites for a large, completely new location.³¹³ Amidst concern that Ndabeni was 'a serious menace to the health of the natives who occupy it as well as indirectly to the city of Cape Town',³¹⁴ negotiations over sites dragged on for several years until in 1922 several acres on Vijgekraal estate in the Uitvlugt Forest Reserve were finally accepted. Here a new location, Langa, was to be built to replace Ndabeni.³¹⁵ Blacks had few illusions about what lay at the root of this protracted tussle between the respective authorities over where their location should be sited. It raised 'suspicion as to the real motives prompting the white inhabitants in making these incessant shiftings of the Location', a member of a deputation from Ndabeni told the Acting Minister of Native Affairs in December 1919. It appeared, he added,

'that only their hands were needed at work, and that if some mysterious arrangement could be devised whereby only their hands could be daily brought to town for purposes of labour and their persons and faces not seen at all, that would perhaps suit their white masters better.'³¹⁶

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311. Debates of the House of Assembly...as reported in the Cape Times, vol. 4, p.446, col. 2.
312. CACT: 3/CT, vol. 1/5/1/1/9, pp.18, 22; 3/CT, vol. 1/1/1/75a, pp.34-5. See ch. 11, pp.419-21 for the Central Government's efforts to systematize urban residential segregation on a national scale.
313. CACT: 3/CT, vol. 1/5/1/1/9, pp.255-6; Cape Times, 24/10/1919, p.8; 27/11/1919, p.8.
314. Cape Times, 26/3/1920, Editorial.
315. C C Saunders: 'From Ndabeni to Langa' in C C Saunders (ed.): Studies in the History of Cape Town, vol. 1 (Cape Town, 1979), p.169.
316. Cape Times, 9/12/1919, p.10.

Even if the improvements in the light of Cape Town's experience of the Spanish 'flu epidemic fell far short of what the enthusiasm in its immediate wake seemed to promise, it is nevertheless clear that the epidemic did produce important results, directly or indirectly. Its lasting impact at the local level in the Peninsula lies in the way in which it fixed a concern for health (as perceived by the White middle-class establishment) into attempts to solve local social 'problems' at a time when distinctive features of 20th Century Cape Town were being moulded. The Board of Aid, the Cape Times Fresh Air Fund, Pinelands, Langa, Council housing schemes, 'Coloured' townships on the Cape Flats all testify to this fact. Or as the Mayor during 'Black October' put it the following year,

'...there is an awakening of deep interest by our citizens in the question of social betterment of those whose circumstances are not affluent and require help in this direction, to relieve what we know as a menace to the health and well-being of the community, in that we are all liable, by contact and association, to detrimental results that may arise in any section of our community from time to time.'³¹⁷

317. Cape Times, 5/9/1919, p.5.

CHAPTER 3KIMBERLEY

It was seven to ten days after the Spanish 'flu had made its appearance on the Rand and in Cape Town that the first cases were reported in those parts of Kimberley where Blacks and 'Coloureds' were most densely concentrated: the gaol,¹ the military camp,² De Beers' Compounds,³ the Black locations⁴ and the ramshackle Malay Camp area.⁵ Almost certainly it had been brought from Cape Town by rail passengers - the first case at the gaol, for instance, was a 'Coloured' prisoner who had arrived from Cape Town by train two days earlier.⁶ Therefore, it was probably virulent second-wave Spanish 'flu which began to infect Kimberley late in September rather than the milder first-wave 'flu emanating from Durban.

In 1918 Kimberley, with a total population of almost 53 000, consisted of three separate but interacting spheres: the town and its locations (population 39 221⁷), De Beers' Compounds

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1. Kimberley Board of Health: Report by Alpheus F Williams, dated 28th November, 1918, on the Epidemic of Spanish Influenza in Kimberley (Kimberley, 1918), p.21. (Hereafter cited as Williams.) See too IEC, vol. 2, file 6: Evidence of Dr E J Jones, p.3; Evidence of Dr G Pearson, p.1.
 2. SADF Archives, Pretoria: WW1 1SD 24, file 685, 'Medical Situation for Week Ending 28/9/1918'; OC Troops Kimberley to Staff Officer, UIS Details, Pretoria, 4/10/1918.
 3. Williams, p.14.
 4. Cape Archives, Cape Town (hereafter CACT): Kimberley City Council Minute Book 18, p.55, Report to Mayor and City Councillors from Deputy Mayor, Cllr C W Lawrence on 'Organisation Work To Combat Epidemic of Spanish Influenza, 7th November, 1918', p.3. (Hereafter cited as Lawrence.)
 5. IEC, vol. 2, file 6: Evidence of Dr S Zweiback, p.2.
 6. IEC, vol. 2, file 6: Evidence of Dr Jones, p.3.
 7. Williams, p.11.

(holding 11 445 labourers⁸) and the military camp (containing 2 322 troops⁹). In all of these, health and living conditions were generally poor. The town still retained many of the worst features of its mining camp days less than 50 years before - jerry-built houses (often dilapidated and heavily overcrowded), narrow and irregular streets, a pail system of sewage-removal, defective sanitation and an uncertain supply of water. In 1917 the average death-rate was estimated to be 25.2 per thousand, while infant mortality was calculated to be 194.6 per thousand births.¹⁰ 'With conditions existing as they did previous to the epidemic it was not surprising that when the epidemic started conditions for its spread were all in its favour', the General Manager of De Beers and member of the Board of Health, Alpheus Williams, told the Influenza Epidemic Commission.¹¹ To cap these 'naturally bad' conditions (as a Government Inquiry described them in 1919¹²), responsibility for Kimberley's health was divided between the Municipality and the small, local Board of Health which dated back to the town's early years. This anomalous division of authority was to cause delay and confusion in initiating measures against the epidemic.

THE TOWN AND ITS LOCATIONS

At first, the outbreak of influenza in Kimberley caused little

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8. Williams, p.17.
 9. SADF Archives: DC 1303, file 4003, OC Troops Kimberley to Staff Officer, UIS Details, Pretoria, 4/10/1918.
 10. Williams, p.25.
 11. IEC, vol. 2, file 6: Explanatory Statements by A F Williams, p.8.
 12. Union of South Africa: Report of the Housing Committee to Inquire into Matters Concerning Housing Accommodation in Urban Areas and the Amendment of the Unhealthy Areas Bill, UG 4-'20, para. 46.

alarm, especially as it coincided with a spell of unusually cool, windy weather.¹³ Press reports, both local and overseas, suggested that it was nothing out of the ordinary, even if it was rather infectious. 'The general opinion had been that influenza was nothing to worry about', recalled the Board of Health's MOH, 'provided ordinary precautions were taken.'¹⁴ Anyway, had the Public Health Department not assured them that recovery was a matter of three to five days at the most, with mortality 'trifling'?¹⁵

However, as the disease spread through the town, some doctors were puzzled by what they found. The District Surgeon, who had diagnosed the first cases at the gaol as ordinary 'flu, was perplexed when he made a second visit with the Board's MOH on 28 September. 'Then they felt they were not dealing with ordinary influenza', he admitted.¹⁶ He 'had not seen any other sickness in any shape or form which bore any resemblance to these cases; he had had no previous experience of bloody exudations from the respiratory organs'.¹⁷ The two doctors agreed to send off specimens to the South African Institute for Medical Research for analysis.¹⁸

On 30 September operations at Dutoitspan Mine were halted because ✓
of the large number of men laid up.¹⁹ In the locations the Acting Superintendent was instructed to do what he could to

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- 13. IEC, vol. 2, file 6: Observations by J H Thorpe, p.3.
 - 14. IEC, vol. 2, file 6: Evidence of Dr Pearson, p.2; Letter to author from Mr D P Veary, 11/10/1981.
 - 15. Union of South Africa: Report of the Influenza Epidemic Commission, UG 15-'19, para. 76 (telegram from Health, Pretoria to Magistrate Kimberley, 1/10/1918).
 - 16. IEC, vol. 2, file 6: Evidence of Dr Jones, p.5.
 - 17. Ibid., p.1.
 - 18. IEC, vol. 1, file 2: Written report by Dr F S Lister, p.2.
 - 19. Diamond Fields Advertiser (hereafter cited as DFA), 1/10/1918, p.7.

minimise the outbreak and two days later, the Municipality opened soup kitchens there for those indisposed by 'flu, while the Board of Health provided a large quantity of medicine.²⁰

Numerous cases also began to appear among Whites in town and on 3 October the general hospital advised intending patients to telephone first to find out if there was place for them.²¹

Businesses suddenly found themselves seriously short of staff,²² postal deliveries were disrupted,²³ cargo piled up at the station undelivered and uncollected²⁴ and on 4 October a lack of witnesses and official court-personnel made it impossible for any cases to be heard.²⁵ On that Friday too, the town received a further shock: the mighty De Beers Company, the heart of all activity in Kimberley, suspended work at its mines amidst rumours of an appalling number of deaths in its Compounds. 'No one realises what is lying there', a nurse told her awed family on her return from helping at Dutoitspan.²⁶

With fear and panic now growing among Whites and as much as half the town stricken with 'flu,²⁷ the City Council began to realise how bad the situation had become. It was like an 'avalanche that fell on us', recollected a local doctor.²⁸ The whole town

20. Lawrence, p.3.

21. DFA, 3/10/1918, p.7. Patients awaiting less than urgent surgery had already been discharged to make room for 'flu cases (Collier Collection: Letter from Mrs L M Keightley, 9/6/1972).

22. Lawrence, pp.3-4.

23. DFA, 4/10/1918, p.7.

24. Central Archives, Pretoria (hereafter CA): SAS 719, file G 119/5, telegram from Div Superintendent Kimberley to Railways, Johannesburg, 4/10/1918; Collier Collection: Letter from Mr W J Bulmer, 16/5/1972.

25. DFA, 5/10/1918, p.5.

26. Interview with Mrs H L Gibson.

27. Lawrence, p.10.

28. South African Medical Record, 11/1/1919, p.6.

was being engulfed by a disease which, contrary to all assurances, was both virulent and dangerous - half-measures by the Board of Health (whose MOH was himself down with 'flu'²⁹) and the Municipality were not going to stay its course. 'A point has been reached', declared the Diamond Fields Advertiser, 'when it becomes absolutely essential that the community should improvise measures in the general interests of the public at large.'³⁰ Already on 4 October the Municipality had started depots to dispense free soup, medicine and other necessities to families hard hit by the 'flu'³¹ } ✓ and next day it arranged for 5 000 leaflets containing the Diamond Fields Advertiser's 'Hints on Treatment' to be printed for general distribution.³² To prevent the assembly of large numbers of people (which posed a risk of accelerated infection), bioscopes were urged to close, while householders were warned to take appropriate precautions, as the town's sewage and refuse removal system was faltering.³³ Most importantly, on Sunday 6 October a systematic door-to-door canvass of the city was organised with the assistance of volunteers to ascertain the extent of the 'flu and give help where necessary.³⁴ The information obtained 'further emphasised the gravity of the position', reported the Deputy Mayor.³⁵

Meanwhile, the Board of Health was trying to secure doctors and

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29. Kimberley Public Library (hereafter KPL): Kimberley City Council Archives, Town Clerk's Letter Book, vol. 59, p.98.
30. DFA, 5/10/1918, Editorial.
31. Lawrence, p.11.
32. Ibid., p.13.
33. Ibid., pp.12-13, 20-23.
34. Ibid., pp. 12, 14.
35. Ibid., p.14. Councillor C W Lawrence, the Deputy Mayor, acted as mayor until the return of the Mayor, Councillor John Orr, from Cape Town on 10 October. Orr had gone down to Cape Town on 29 September for health reasons unconnected with the 'flu (Lawrence, p.3).

nurses for the town. Four of the town's ten³⁶ doctors had fallen ill in the first days of the epidemic, putting the rest under enormous pressure. One of these recalled these harrowing days as follows:

'At every place you called the neighbours on each side waylaid you and almost dragged you into their houses, so that you could not get on with your planned-out work. After a few days, brutal as it seemed, you had in many cases to turn a deaf ear to all entreaties, and go on to the patients whom you knew to be seriously ill....Everyone with the slightest attack, whether influenza or "in-funk-enza", demanded to be visited at once (many slight cases even expecting two visits a day), and called in any passing doctor, even though they had been seen by their own doctor a couple of hours before.'³⁷

Despite telegrams from the Board of Health outlining the town's worsening plight and intimating that help should be sent, the Public Health Department in Pretoria did not deem it necessary to give any reply while it cast around for medical assistance.³⁸ 'The telegrams...were of the nature of reports as to the happenings', explained the Assistant MOH in Pretoria defensively to the Influenza Epidemic Commission. 'One looked upon these telegrams from a different point of view now but from their then information there was nothing in them to indicate that they had got beyond the resources of thr [sic] Kimberley Board of Health.'³⁹ Finally, in desperation, the Board of Health's chairman, the Resident Magistrate, appealed to the Department of Justice to try and secure military doctors. 'Position here appalling,' he cabled on 6 October, '258 buried from one Compound, police and municipality carting bodies for burial from all over town.' He was only 'Keeping office open to register deaths', he added grimly.⁴⁰

36. Even ten was only half as many doctors as usually served Kimberley in peacetime. Four years of war had reduced the 21 of 1914 to ten by 1918, (South African Medical Record, 11/1/1919, p.6).

37. South African Medical Record, 11/1/1919, pp.6-7.

38. IEC, vol. 2, file 8, part 2: Evidence of Dr F A Arnold, pp.2-3, 8, 10; Evidence of Dr J A Mitchell, pp.1-2, 6-7.

39. IEC, vol. 2, file 8, part 2: Evidence of Dr J A Mitchell, pp.1,2.

40. SADF Archives: DC 1151, file DB 2430/2, telegram from Magistrate Kimberley to Secretary for Justice, 6/10/1918, enclosed in Secretary for Justice to Secretary for Defence, 8/10/1918.

To these pleas the Deputy Mayor⁴¹ and a local MLA⁴² added their voices. Even then, the four military doctors and most of the orderlies who arrived early the following week were snatched up by the local military authorities who insisted that their needs came first.⁴³

The City Council and the Board of Health were dismayed. They felt Kimberley had been abandoned to its fate. Looking back a month later, the Diamond Fields Advertiser strongly criticized the 'lamentable failure in Government quarters...to respond with corresponding promptitude to that displayed locally to the urgent and repeated appeals made for assistance.' They had not realized 'in any adequate measure the dire extremity into which Kimberley had been so suddenly plunged,...'⁴⁴

In the light of the information gathered in the door-to-door survey, the City Council decided to make the town halls at Kimberley and Beaconsfield the headquarters of relief operations. Cases requiring urgent attention were reported there and volunteers were sent out with food and medicine.⁴⁵ 'Coloured' women accompanied nuns on these errands of mercy in Indian areas as local Indians were suspicious of this sudden interest in their welfare by curiously-garbed strangers.⁴⁶ If skilled medical attention was required, the hastily-engaged municipal doctor was informed; very serious cases were hospitalized. This put more pressure on the staff and facilities of the local hospital and to relieve this, temporary hospitals were opened for Whites at De Beers' ✓✓

41. Lawrence, pp.4,7.

42. IEC, vol. 2, file 8, part 2: Evidence of Dr A H Watkins, MLA, p.2.

43. Lawrence, pp.7-8; IEC, vol. 2, file 8, part 2: Evidence of C W Lawrence, pp.1-2; Evidence of Dr Arnold, p.4; Evidence of Dr Mitchell, p.7.

44. DFA, 8/11/1918, Editorial.

45. Lawrence, p.14.

46. Interview with Mrs M Jones.

Belgrave Hotel⁴⁷ and the Training College Hostel,⁴⁸ for Blacks ✓
 at the Barkly Road Bioscope⁴⁹ and for 'Coloureds' at the Beacons-
 field Public School.⁵⁰ Despite this increase in accommodation,
 only patients who had a note from their doctor were admitted.⁵¹
 To staff all the hospitals, more volunteers were called for daily
 and many came forward to do a variety of tasks that they probably
 had never considered doing originally. 'I still think with amuse-
 ment of the horror expressed by lady volunteers at the local
 hospital during the influenza epidemic,' remembered one helper,
 'when it was suggested that they should help to sponge down
 natives.'⁵²

Provision was made for 'flu orphans too: those with 'flu were
 looked after in the Salvation Army Hall, the rest were cared for
 at Nazareth House⁵³ and the Child Welfare Society's new Children's
 Emergency Home. This Society had been trying to secure premises
 for a home for months before the epidemic struck; the 'flu crisis
 saw suitable accommodation provided within a day.⁵⁴ Infants
 whose mothers were ill or had died were entrusted to young
 mothers still breastfeeding their own babies. In this emergency
 arrangement race seems to have been ignored.⁵⁵

Emergency measures to contain the epidemic were not limited to
 the living. The rapidly rising toll of dead and the shortage
 of coffins and gravediggers quickly overwhelmed ordinary funeral
 arrangements and the roads to the cemetery were soon filled with

47. Lawrence, p.5; DFA, 7/10/1918, p.5; De Beers Archives,
 Kimberley: 'Report on Hotel Belgrave Hospital' by T J Ford,
 6/11/1918.

48. Lawrence, p.16; DFA, 8/10/1918, pp.1, 5; 12/10/1918, p.5.

49. Lawrence, p.16; DFA, 11/10/1918, p.5.

50. DFA, 14/10/1918, p.7; 17/10/1918, p.7.

51. Lawrence, p.24; DFA, 11/10/1918, p.5.

52. DFA, 21/4/1919, p.8 (Letter from 'Justice').

53. Lawrence, p.16; DFA, 15/10/1918, p.5.

54. CACT: PAH 30, file H6/2, telegrams from Child Welfare to
 Administrator, 18/10/1918; and from Provincial Secretary
 to Child Welfare, Kimberley, 19/10/1918.

55. Interview with Mrs M Jones.

carts laden with corpses wrapped only in blankets or sacks.⁵⁶
 From the stoep of his house in West End, a convalescent saw

'some heart-breaking sights - a brother
 pushing his bicycle with his dead sister
 wrapped in a sheet...a husband pushing a
 wheelbarrow with his wife's body in a home-
 made box...'57

On 8 October a special Burial Committee was set up to assist undertakers with the funerals of Whites and 'Coloureds'. It tried to obtain more coffins and ensure that there was transport for them to the cemetery where burial-times were fixed for each denomination.⁵⁸ Nevertheless, coffins piled up at the cemetery⁵⁹ and funerals had to continue into the night, lit by the headlamps of motor cars.⁶⁰

No such consideration was accorded to Blacks: De Beers, deciding that the interment of hundreds of corpses from its Compounds in the location cemetery daily was 'unwise, and unfair to the General Public',⁶¹ shifted its burials to mass graves on its own land, well out of public view.⁶² Nor did the treatment of Black corpses differ very much elsewhere in Kimberley. A German missionary working in the locations graphically described how

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56. Interviews with Mr D Drever, Mr Eden, Mrs M Jones and Miss J Kay; Letters to author from Mrs M E Hardcastle, 20/10/1978; and from Mr M Kaye, 27/11/1978; Collier Collection: Letters from Mr J C Butler, 10/5/1972; Mr M Kachelhoffer, 4/5/1972; Mr J Sperber, 11/5/1972; and Mrs E Barnard (née White), 4/5/1972.
57. Evening Post, 28/8/1965, Weekend Magazine, p.2 (Letter from R Fitzpatrick).
58. Lawrence, pp.16-19.
59. Interview with Mr D Drever.
60. B Roberts: Kimberley - Turbulent City (Cape Town, 1976), p.366.
61. Williams, p.5.
62. Ibid.; DFA, 11/11/1918, p.6; Interviews with Mrs M Bohako and Mr D Drever; Collier Collection: Letter from Mr W J Bulmer, 16/5/1972.

'Daaglik[sic]s von [sic] 2 tot 4 nm was massabegravnisse. Daar word niemand geregistreer of gevra aan watter kerk die oorledene behoort, en of hy/sy christen of heiden, man, vrou of kind is nie. 'n Sloot word diep gegrawe, 10x4 voet groot, daar word die eerste laag van omtr. 25 lyke naas mekaar gelê, elk in 'n kombers toegewerk. Dan sing ons, ek hou die diens, en 'n dun laag grond word daaroor gegooi, dann [sic] kom die tweede laag lyke. Gewoonlik word so elke dag 100 lyke begrawe,....soms was dit egter 125, en eenmaal 150; dit was ses begraafdienste op mekaar.'⁶³

Thus, by the end of the second week of October ('Black Week' contemporaries called it⁶⁴), a series of ad hoc measures had been taken to deal with the sick and the dead in Kimberley. Yet, in a situation in which more and more people were succumbing to 'flu every day and others were leaving the town for their own safety or to look after their families elsewhere,⁶⁵ Kimberley was running short of manpower to keep relief operations and essential services going. Attempts by the Deputy Mayor⁶⁶ and the Chief Registrar of Natives⁶⁷ to have the SAR bar Blacks from leaving the town by rail proved in vain, despite the former's protests that, 'Apart from inconvenience caused by stopping work, consider it dangerous as Natives may infect other centres.'⁶⁸

The influenza's high incidence apart, the death-rate in the town and locations alone during the first twelve days of October reached the equivalent of 600 per thousand p.a., a rate which would have wiped out the entire population of Kimberley within

63. CA: Accession 172, vol. 2, Eerw. E O K Müller, 'Lewensloop', pp.37-8. See too interview with Mr W S O'Brien and Collier Collection: Letter from Mrs E Louw, 14/5/1972.

64. Interview with Miss J Kay.

65. CA: GNLB 301, no. 2, part file 370/18/103, telegrams from Magistrate Kimberley to Natlab., 17/10/1918; and from Chief Registrar of Natives to Natlab., 21/10/1918; Lawrence, pp.9, 21; Williams, p.34; DFA, 15/11/1918, p.7; Letter to author from Miss E Westphal, 10/10/1981.

66. Lawrence, pp.9, 21.

67. Ibid., p.21; CA: GNLB 301, no. 2, part file 370/18/103, telegram from Chief Registrar of Natives, Kimberley to Natlab., 21/10/1918.

68. SADF Archives: DC 1303, file 4501 vol. 1, Memorandum from J A Mitchell, 9/10/1918.

16 months had it continued.⁶⁹ 'If you get it, you must say your prayers', remembered one woman melancholically.⁷⁰ 'South Africa is being called upon to confront by far the gravest crisis of its kind in the history of the Union,' noted the Diamond Fields Advertiser sombrely on 10 October,

'and nowhere have its effects been more severely felt, relatively to the size of the place and the number of the population, than here.... [where] all existing local resources have been strained to the utmost limits,....'⁷¹

Both literally and figuratively, ordinary life in Kimberley had all but come to a standstill: its streets were still and deserted, its shops kept short hours,⁷² banks were open only between 9 a.m. and 10 a.m.,⁷³ the Post Office limped on with less than half its staff,⁷⁴ schools were closed,⁷⁵ trams ran free of charge for want of conductors,⁷⁶ the Railways carried only medicines and perishables,⁷⁷ no edition of the weekly Kimberley Evening Star could be printed on 12 October⁷⁸ and rumours of new deaths,⁷⁹ secret 'Malay' remedies⁸⁰ and strange phenomena⁸¹ multiplied. It felt as if,

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69. CA: GG 924, file 33/1029, Report by Colonel A J Orenstein to Secretary for Defence, 21/10/1918, p.4. (Hereafter cited as Orenstein.)
70. Interview with Mrs M Jones.
71. DFA, 10/10/1918, Editorial.
72. DFA, 8/10/1918, p.8 and 9/10/1918, p.5.
73. DFA, 8/10/1918, p.1.
74. Union of South Africa: Report of the Postmaster-General for 1918, UG 27-'19, p.21.
75. DFA, 5/10/1918, p.2.
76. DFA, 9/10/1918, p.5; Interview with Mr Eden; Letter to author from Mr M Kaye, 27/11/1978; Collier Collection: Letter from Mr J Sperber, 11/5/1972.
77. DFA, 15/10/1918, p.5.
78. Kimberley Evening Star, 19/10/1918, p.3.
79. DFA, 10/10/1918, p.8.
80. Letter to author from Mrs D Campion, 27/10/1978.
81. See ch. 7, pp.246-247; DFA, 17/10/1918, p.3 (Letter from 'Observer'); Interview with Mr O'Brien.

'Over the city of Kimberley a dark, sinister, threatening shadow of horror hung brooding for days and days', wrote one contemporary,⁸² while others were reminded by the scenes about them of descriptions of London during the Great Plague.⁸³ Gloom, fear and resignation pervaded the city. Dejectedly, a postal official noted that it was

'impossible for me to describe the consternation and depression of spirits that existed amongst those who were not struck down with the malady. We were all wondering whose turn it would be next to be carted away.'⁸⁴

By the end of that week the municipal authorities were almost at their wits' end to know what to do to turn the tide. 11 October found them considering a plan to commandeer the town's doctors to enable 'flu victims to be visited and treated more promptly.⁸⁵ On that Friday, however, they learnt that in response to earlier appeals to Pretoria, the UDF's Acting Director of Medical Services, Colonel A J Orenstein, was prepared to come down from Pretoria for a few days to direct their efforts against the epidemic. Realizing what an outsider like Orenstein might be able to achieve with his experience (he had played a major role in combating epidemics during the construction of the Panama Canal⁸⁶), authority and access to medical resources, they quickly accepted.

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82. Methodist Churchman, 28/10/1918, p.4 (Letter from 'Adrem'). For similar impressions see letter to author from Mr M Kaye, 27/11/1978; and Collier Collection: Letter from Mr M Kachelhoffer, 4/5/1972.
83. Orenstein, p.4; G Findlay: Dr Robert Broom (Cape Town, 1972), p.42; Sir David Harris: Pioneer, Soldier and Politician (London, n.d.), pp.287-8.
84. South African Postal and Telegraph Herald, November 1918, p.52.
85. Lawrence, p.25.
86. SADF Archives: DC 1303, file 4501 vol. 1, McLoughlin to Hewat, 16/10/1918; Standard Encyclopaedia of Southern Africa, vol. 12 (Cape Town, 1976), pp.112-113; A P Cartwright: South Africa's Hall of Fame (Johannesburg, 1961), ch. 15; and idem: Doctors of the Mines (Cape Town, 1971), pp.30, 37-49.

Their reply well reflects their feeling of desperation: 'Please come at once', it begged. 'You will be in absolute control.' They urged him to try to bring extra medical help too.⁸⁷

Orenstein arrived by train at 11.30 a.m. on Sunday, 13 October. By the end of the day he had replaced the existing piecemeal measures which were so wasteful of the limited manpower still available with a tightly-organized and systematic counter-offensive which inspanned military, civilian and private (mainly De Beers') resources and which was under his absolute direction. To rationalize doctors' calls, the town was divided into twelve medical districts, with one doctor responsible for all day calls in each; night calls were left to a duty military doctor. Chemists were given three standard prescriptions to prepare and doctors were told to confine themselves to these. The visits by the doctors and the prescribed mixtures made up by chemists were free of charge for those who could not pay. Where patients required medical attention at home, a red cloth was to be hung out as a signal. To ensure that this was done at once and to see that no sick person lacked food or medicine, a second house-to-house visitation was organized on 13 and 14 October. Once this had established how many patients needed hospital-care and the hospitals themselves were rendering daily returns, bad cases were concentrated in the general hospital where the best treatment was available. The acute shortage of helpers at the hospitals was eased by the arrival of 60 soldiers secured by Orenstein from the Potchefstroom Camp; 40 more helped with the house visits. In short, in less than 24 hours Orenstein had more or less remodelled Kimberley's campaign against the epidemic, converting it into a co-ordinated, well-directed system, the running of which was entrusted to an enlarged Board of Health which took over all responsibility from the Municipality.⁸⁸

In operation from the start of the third week of October, Orenstein's system was soon functioning smoothly and effectively. Yet, it was

87. Lawrence, p.25.

88. Orenstein, pp.2-3, 5-7; Lawrence, pp.25-26; Williams, pp.3-5; H Kloppers: Game-Ranger (Cape Town, c.1970), p.24.

probably not so much on account of this, but more because the epidemic was rapidly exhausting the stock of as yet unaffected locals that the death-rate began to drop significantly.⁸⁹

Morale picked up at once, cheered by what were interpreted as swift results attendant upon firm direction from above. With the presence of the 100 soldiers from Potchefstroom, help was more freely available too. To drive home this improvement and remove 'the depressing atmosphere at present prevailing in the city', Orenstein recommended that businesses return to their usual trading-hours as soon as possible.⁹⁰ Clearly he understood that an important dimension of the fight against the epidemic was the psychological.

After three days in Kimberley, Orenstein felt that his presence was no longer necessary as the situation was well in hand. On 16 October he returned to Pretoria, leaving Alpheus Williams of De Beers as head of the organization he had created. Under Williams the improvement was maintained: other than essential services were slowly restored, businesses opened for longer and on 19 October De Beers recommenced work on a small scale.⁹¹

To hasten the end of the epidemic and prevent a revival, all 'Coloured' and Black canteens were closed,⁹² the disinfection of houses where people had died was begun,⁹³ shopkeepers were urged not to send goods out on approval⁹⁴ and on 26 October all public gatherings including church services and cinema performances were forbidden 'in view of the extraordinarily infectious nature of the disease and the rapidity of its spread,' and the need 'to, as far as possible, completely eradicate the disease.'⁹⁵

89. Orenstein, p.7 and Appendix F.

90. DFA, 16/10/1918, p.5. Within ten days shops had returned to normal trading-hours, except they now kept a longer lunch-break to ease the strain on convalescing employees. Subsequently, this two-hour lunch break became a permanent feature in Kimberley during the hot summer months (DFA, 26/10/1918, p.7 and 15/3/1919, p.5; Kimberley Evening Star, 26/10/1918, p.4).

91. DFA, 19/10/1918, p.7.

92. DFA, 18/10/1918, p.7.

93. Kimberley Evening Star, 19/10/1918, p.3; DFA, 21/10/1918, p.4; IEC, vol. 2, file 6: Evidence of S E Sharwood, p.1.

94. DFA, 29/10/1918, p.7.

95. DFA, 7/11/1918, p.8.

With the number of new cases decreasing markedly⁹⁶ and calls on doctors reduced by 60-70% by 21 October,⁹⁷ Williams slowly began to curtail the provision of relief and medical assistance. On 25 October doctors were allowed to resume their normal practices, though five doctors from outside Kimberley were retained to attend the poor.⁹⁸ Two days later relief depots replaced general house-to-house visits as the source of free food and comforts⁹⁹ and on 29 October the temporary hospital in the Training College Hostel was closed.¹⁰⁰ The Belgrave followed suit on 4 November.¹⁰¹ With the removal of the ban on public gatherings on 6 November,¹⁰² the formal launching on 8 November of the Influenza Epidemic Relief Fund to provide long-term help to needy 'flu orphans and widows¹⁰³ and the re-opening of schools three days later,¹⁰⁴ 'Black October' may be said to have ended in Kimberley. On that day too, the first of several fulsome tributes to the city's relief organization by Black and 'Coloured' leaders appeared in the press. 'Their action', wrote Sol Plaatje in one of these,

'not only justified, but it also enhanced the reputation, for tolerance of colour, for which the Europeans of this city are justly noted among the natives of South Africa and the Protectorates.'¹⁰⁵

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96. SADF Archives: DC 1303, file 4501 vol. 1, telegram from Williams to Orenstein, 21/10/1918.
97. Williams, p.4.
98. DFA, 24/10/1918, p.7.
99. DFA, 26/10/1918, p.7.
100. Kimberley Evening Star, 2/11/1918, p.5.
101. DFA, 5/11/1918, p.6.
102. Williams, p.7.
103. DFA, 11/11/1918, p.7 and 16/11/1918, p.3; City of Kimberley Mayor's Minute 1916-1919, pp.4-5.
104. Williams, p.7.
105. DFA, 12/11/1918, p.7. For other tributes in the same vein see DFA, 11/11/1918, p.6 (Letter from 'S'); 14/11/1918, p.3 (Letter from L J Malghas); 29/11/1918, p.7 and 6/12/1918 (Letter from H J Tobin); KPL: Kimberley City Council Archives, Unnumbered file, dossier 722, Letter from Secretary, Green Point Stand Holders Association Executive Committee to Superintendent Native Locations, 26/11/1918.

One year later, looking back on 'Black October', the Mayor minuted that, in the space of four weeks, Kimberley had gone through 'the most disastrous event to be recorded in the history of the Diamond Fields'.¹⁰⁶ As an old resident had commented at its height, the famous siege of the town during the Anglo-Boer War was 'not to be compared with the calamity' of the 'flu'.¹⁰⁷

THE MILITARY CAMP

The epidemic followed a similar course in Kimberley's army camp to that in the town itself. This makeshift camp had been set up in 1917 in three of De Beers' Compounds on the edge of town to house men of the Cape Auxiliary Horse Transport Company and the Cape Corps.¹⁰⁸ When Spanish 'flu struck, there were 2 322 men encamped there.¹⁰⁹

In the last days of September, numerous cases of influenza were reported among the camp's medical staff¹¹⁰ - presumably they had been infected by newly admitted patients. Within days, men were reporting sick all over the congested camp and the hospital and convalescent wards were quickly filled to overflowing. In the latter, the sick and the dying had to lie head-on 'and it was out of the question to keep the place anythink [sic] like clean, or to treat the patients properly', admitted the Senior Medical Officer; as for the makeshift hospital, 'it was brought to me

106. City of Kimberley: Mayor's Minute 1916-1919, p.4.

107. Cape Argus, 11/10/1918, p.5.

108. SADF Archives: DC 861, file 13/23066, Chief Accountant, Kimberley to DSO, Kimberley, 22/8/1919. See too files 20/23066 and 33/23066 and The Union of South Africa and the Great War 1914-1918 - Official History (Pretoria, 1924), p.207.

109. SADF Archives: DC 1303, file 4003, OC Troops Kimberley to Staff Officer, UIS Details, Pretoria, 4/10/1918.

110. SADF Archives: WW1 LSD 24, file 685, 'Medical Situation for Week Ending 28/9/1918'.

and to all of us, how absolutely inadequate thw [sic] whole place was for a Hospital, ...¹¹¹ By 3 October almost the entire camp had 'flu;¹¹² even the guards on the VD ward had to be removed, though, as the Commanding Officer remarked huffily, no VD patient had been affected.¹¹³ Anyone still on his feet was pressed into service helping his comrades. 'Am OC, messenger, bottle washer etc. etc.', the Commanding Officer informed Pretoria on 10 October.¹¹⁴

By that date the mild influenza of early October had become a dangerous killer. 'The Epidemic is by no means the simple thing I was led to believe from literature ...', the Senior Medical Officer reported with dismay on 8 October.

'All Pneumonia cases so far have ended fatally. In some cases within 12 or 14 hours from commencement of illness. I am afraid there are going to be many more deaths... It is absolutely essential that I be sent further help in the shape of Medical Officers and Nursing Orderlies.'¹¹⁵

In response to these pleas medical and nursing help began to arrive later that week.¹¹⁶ By the time that Colonel Orenstein reached Kimberley on 13 October, the situation had improved sufficiently for three military doctors to be assigned to his medical districts scheme in the town;¹¹⁷ but it was not until he ordered all troops not in hospital to be moved to tents at the Showgrounds while the camp was thoroughly disinfected that

111. SADF Archives: DC 1199, file 226, Report on No. 5 General Hospital and No. 4 Convalescent Camp, Kimberley by Lt Col Maxwell, 19/11/1918.

112. SADF Archives: WW1 1SD 24, file 685, OC Troops Kimberley to Staff Officer, UIS Details, Pretoria, 4/10/1918.

113. Ibid.

114. SADF Archives: WW1 1SD 24, file 685, telegram from Concamp to Uneca, 10/10/1918.

115. SADF Archives: DC 1303, file 4003, OC No. 5 General Hospital Kimberley to DMS, 8/10/1918.

116. See p.89.

117. Williams, p.1.

the epidemic was halted.¹¹⁸ Thereafter, fit soldiers were sent to assist the civilian authorities in Kimberley.¹¹⁹

DE BEERS' COMPOUNDS

For all the 'flu's ravages in Kimberley, its locations and the military camp, it was the tightly-packed De Beers' Compounds which bore the brunt of the epidemic. Here it killed almost a quarter of the 11 445 Black employees within a month; between 5 and 14 October the death-toll did not fall below 100 per day and on three days, 8, 9 and 10 October, it rose to over 300 per day.¹²⁰

As in the rest of Kimberley, the first cases of influenza late in September 1918 caused no anxiety. Reports from the mines on the Rand indicated that it would pass quickly, with little danger to life. '[T]he worst that could be anticipated', expected the General Manager, 'was some disorganization of work.'¹²¹ This was precisely what happened at Dutoitspan Mine which was forced to cease operations on 30 September.¹²² Very soon, all three Compound hospitals were literally overflowing - mattresses were put on the verandahs to accommodate more patients and at the Wesselton Compound Hospital portions of the side walls were removed to improve ventilation.¹²³ To supplement the ailing hospital staff, St John Ambulance nurses of the De Beers Corps were called in,¹²⁴ while less serious cases were dosed at

118. SADF Archives: DC 1303, file 4501, vol. 1, Report by Lt Col Orenstein to CGS, 19/10/1918.

119. Lawrence, p.26.

120. Williams, p.17.

121. Ibid., p.14.

122. DFA, 1/10/1918, p.7.

123. Williams, p.14.

124. Ibid., p.8.

dispensaries set up in the centre of each Compound.¹²⁵

It was only when serious pneumonic complications and death began to supervene in many cases that the management recognised that Kimberley was not following the pattern of the Rand. Deaths began to mount rapidly and on 4 October, on the advice of its medical officers, the company decided to stop work on all its mines.¹²⁶ Conditions were becoming horrific: men were dropping dead in their tracks, hospital floors were covered with groaning, dying patients and corpses were piled on top of each other awaiting removal.¹²⁷ A doctor working there had seen 'horrible things happen in the war, but nothing so terrible as the way that the natives died from influenza in the Compounds'.¹²⁸ On 6 October the General Manager, Alpheus Williams, withdrew the St John nurses (of which his wife was a member¹²⁹) when he saw that if he left them there any longer, 'owing to the terrible death rate every one would have contracted the disease'.¹³⁰ Two days later De Beers stopped burying their dead in the location cemetery and began using a site on their own property instead.¹³¹

Workers who had not yet been affected by the 'flu soon realised that if they wanted to stay alive, they had better leave the Compound deathtrap quickly. From 8 October some of them began to press for permission to go home at once, 'saying that if they had to die they would rather die at home and that they also wished

125. Ibid., p.15.

126. Ibid., p.14.

127. Interviews with Mr B Moehi and Mrs H L Gibson; South African Medical Record, 11/1/1919, p.8; DFA, 17/7/1971, Supplement p.25.

128. Collier Collection: Letter from Mr L G Beet, 12/5/1972.

129. Williams, p.8.

130. IEC, vol. 2, file 6: Explanatory Statement by A F Williams, p.3.

131. See p.91.

to go and look after their families'.¹³² For a week De Beers officials prevaricated, trying to dissuade them, but at the end of this time they were even more intent on leaving; moreover, by then their number had been swollen by many who had recovered. While the De Beers management debated Orenstein's opinion that, since by this time the epidemic had virtually run its course in the Compounds and most of the country was already infected, repatriation would be 'the lesser evil',¹³³ the workers came to a decision: they 'had made up their minds to leave, and if De Beers did not agree they would break out, even if fired upon'.¹³⁴ Further negotiations were of no avail and De Beers gave way. 'The temper of the natives is such that no other settlement was possible, and ... nothing can now shake their determination to go home', explained the Government's Chief Registrar of Natives in Kimberley.¹³⁵ Repatriation was begun on 18 October and during the next 2½ weeks over 5 000 survivors were sent home, the majority of them by rail.¹³⁶ Provision was made to help any who fell ill on the journey home, though De Beers tried to ensure that no one even suspected of being ill was allowed to embark.¹³⁷

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132. CA: GNLB 301, no. 2, part file 370/18/103, Report on Repatriation of Native Labourers by Chief Registrar of Natives, Kimberley, 13/11/1918.
133. CA: GNLB 301, no. 2, part file 370/18/103, telegram from Chief Registrar of Natives, Kimberley to Natlab, 18/10/1918. (This telegram is quoted in UG 15-'19, Appendix J.)
134. Ibid.
135. Ibid. These glimpses of prevailing sentiments in the Compounds present a picture very different from that portrayed in a letter from 'James Smith (Native), Beaconsfield', which appeared in DFA, 7/12/1918, p.7. So lavish was Smith's praise for De Beers' 'treatment during "Black October" of our boys in these mines' that one has doubts about the letter's authenticity.
136. CA: GNLB 301, no. 2, part file 370/18/103, Report on Repatriation by Chief Registrar of Natives, Kimberley, 13/11/1918.
137. CA: GNLB 301, no. 2, part file 370/18/103, telegram from General Manager, De Beers, to Resident Commissioner, Maseru, 21/10/1918, enclosed in Chief Registrar of Natives to Director of Native Labour, 22/10/1918; Williams, p.16.

A few cases did develop aboard the trains, but these men were removed and not permitted to proceed until they had recovered.¹³⁸ Nevertheless, there were several reports of the 'flu being carried to rural areas by returning De Beers miners.¹³⁹

1 808 men elected to remain at work at De Beers,¹⁴⁰ which resumed washing operations on a limited scale on 24 October.¹⁴¹ Labour was slow to return, however: it was March 1919 before working operations were back to normal¹⁴² and April before the monthly diamond output was touching its September 1918 level again.¹⁴³

THE TOLL

Between 1 and 4 November the Board of Health carried out a house-to-house canvass of the town to discover the extent to which the town had been affected. Together with the figures kept by De Beers and the UDF these provide a detailed statistical picture of the epidemic in Kimberley. This is set out in Tables 8 and 9. Unfortunately, the results of the canvass were not tabulated so as to admit of a breakdown by age or sex, but the mortality figures from Kimberley's four hospitals do conform to the country-wide pattern of very high mortality in the 20-40 age-group.¹⁴⁴

138. Williams, p.16.

139. De Burger, 11/11/1918, p.3 (Letter from J J Claasen); IEC, vol. 2, file 6: Written Evidence by Major H P Tuckey, p.3. See too chapter 5, p

140. CA: GNLB 301, no. 2, part file 370/18/103, Report on Repatriation by Chief Registrar of Natives, Kimberley, 13/11/1918.

141. De Beers Consolidated Mines (DBCM) Ltd: 30th Annual Report for Year Ending 30/6/1918, p.43.

142. DBCM Ltd: 31st Annual Report for Year Ending 30/6/1919, p.25.

143. National Bank of South Africa Ltd: Monthly Trade Reports, no. 19 (31/10/1918), p.2 and no. 26 (31/5/1919), p.3.

144. Williams, pp.8-9.

**TABLE 8: THE SPANISH INFLUENZA EPIDEMIC IN KIMBERLEY -
INCIDENCE AND MORTALITY BY RACE AND AREA**

		POPULATION	CASES ¹	CASES PER 100 OF POPULATION	DEATHS	DEATHS PER 100 OF POPULATION
TOWN	W	17 529	10 844	62	543	3.1
	'C'	8 745	6 481	74	567	6.48
	B	3 013	1 749	58	238	7.9
LOCATIONS	W	-	-	-	-	-
	'C'	-	-	-	-	-
	B	9 934	8 126	82	571	5.75
DE BEERS COMPOUNDS	W	-	-	-	-	-
	'C'	-	-	-	-	-
	B	11 445	?	?	2 564	22.4
MILITARY CAMP	W	2 322 ²	277 ³	86	19 ⁴	9.2
	'C'		1 580 ³		187 ⁴	
	B		138 ³		7 ⁴	
KIMBERLEY (ALL AREAS)		52 988	?	?	4 696	8.86

W = White
'C' = 'Coloured'
B = Black

Sources: All statistics except those numbered 1 - 4 from Williams, p.11.

1: from Williams, p.9.

2: from SADF Archives: DC 1303, file 4003, OC Troops Kimberley to Staff Officer UIS Details, Pretoria, 4/10/1918.

3 and 4: from UG 15-'19, Appendix G, p.35.

**TABLE 9: THE SPANISH INFLUENZA EPIDEMIC IN KIMBERLEY -
DEATHS IN HOSPITALS BY AGE**

AGE	KIMBERLEY HOSPITAL	BELGRAVE HOSPITAL	TRAINING COLLEGE HOSPITAL	BEACONS- FIELD HOSPITAL	TOTAL	% OF ALL HOSPITAL DEATHS
Under 20	22	3	1	-	26	7.1
20-30	112	25	9	-	146	40.0
31-40	104	19	9	1	133	36.4
41-50	29	11	4	-	44	12.1
51-60	7	5	1	-	13	3.6
60+	2	-	1	-	3	0.8

Source: Williams, pp.8-9. (The figures probably refer to White deaths only.)

The figures from De Beers' Compounds are suggestive. Mortality was far higher among underground workers (both Black and White) than among men who worked on the surface,¹⁴⁵ indicating a greater susceptibility on their part or a more congenial environment for man-to-man infection underground. Secondly, mortality in the Bultfontein Compound was substantially higher than in the other two Compounds;¹⁴⁶ this may well have been because the 'flu struck it after the other two and had become even more virulent by then. Certainly accommodation at Bultfontein was no more inadequate than elsewhere.¹⁴⁷ Finally, much to the dismay of De Beers officials, full inoculation with Lister's pneumococcal vaccine provided no special protection against the pneumonic complications which followed Spanish 'flu.¹⁴⁸

Yet, none of these features adequately explains why De Beers' Compounds were such a deathtrap during the epidemic, more so than anywhere else in South Africa. The answer may lie in the point made in the opening paragraph of this chapter: Kimberley seems to have been infected by the virulent second wave of the 'flu, the only town in the Union with a heavy concentration of young men in overcrowded compounds to have suffered this fate without a preceding mild first wave having bestowed some immunity. In its mines and compounds, therefore, the second wave found optimal conditions to spread and intensify among thousands of completely defenceless young men of the most vulnerable age-group. ✓

THE CONSEQUENCES OF THE SPANISH 'FLU IN KIMBERLEY

DE BEERS

Deeply shocked by the staggering number of deaths in its Compounds,

145. Ibid., pp. 12, 13, 15.

146. Ibid., p.17.

147. Ibid., p.15; IEC, vol. 2, file 6: Explanatory Statement by A F Williams, p.4.

148. Williams, pp.15-16, 20; IEC, vol. 2, file 6: Evidence of Dr Pearson, pp.2-3.

especially as this compared so unfavourably with other mines in the country,¹⁴⁹ the De Beers management realised that improvements were imperative; they could not afford the risk of another devastating epidemic like the Spanish 'flu. Amidst general applause, the chairman promised the Annual General Meeting in December 1918 that

'no expense will be spared to make the Compounds, if possible, more comfortable and healthy for the natives than those occupied previous to the Epidemic'.¹⁵⁰

No mention was made of improving conditions underground.

Compound managers were sent to investigate conditions on other mines¹⁵¹ and plans were made to install water-borne sewerage, rebuild outdated Compound accommodation and replace the inadequate Compound hospitals with one large general hospital.¹⁵² This hospital was erected,¹⁵³ but it has not been possible to ascertain whether the other intentions were carried out or if they were shelved in the same way as the recommendation that the men be sold cooked food instead of being left to prepare their own.¹⁵⁴ Perhaps the initial sense of urgency waned after a mild recurrence of influenza in 1919 was swiftly and effectively stamped out.¹⁵⁵

KIMBERLEY

White residents and authorities in Kimberley itself were equally

149. See chapter 1, pp.12-13.

150. DBCM Ltd: 30th Annual Report 1917-1918, p.42.

151. IEC, vol. 2, file 6: Explanatory Statement by A F Williams, p.9.

152. DBCM Ltd: 30th Annual Report 1917-1918, p.42.

153. Johannesburg Municipality: Council Minutes, July-December 1919, p.562 (Report of Delegation re Native Housing).

154. Ibid.; IEC, vol. 2, file 6: Explanatory Statement by A F Williams, p.9.

155. DBCM Ltd: 31st Annual Report 1918-1919, p.34.

shaken by 'Black October', with its high mortality and revelations of appalling living conditions in the town and its locations. The passing of the epidemic let loose long accumulated criticism of local conditions which were thought to have contributed to the disaster: the divided responsibility for public health, the absence of a municipal ambulance, overcrowded and dirty slums, insanitary locations, dusty streets, the pail system of sewage-removal, the inefficient collection of slop water and refuse and the proliferation of flies in the town. 'It is acknowledged that the appalling mortality during the Influenza Epidemic was primarily due to overcrowding', ran a well-timed Board of Executors advertisement. 'Fortify yourself against a recurrence of the disease by Buying or Building Your Own House.'¹⁵⁶

From Resident Magistrate¹⁵⁷ and Mayor¹⁵⁸ down, calls proliferated for these conditions to be remedied at once: a public meeting insisted that the City Council secure De Beers' co-operation in tackling these problems,¹⁵⁹ ratepayers' associations spoke of the need to formulate a general betterment scheme for the town,¹⁶⁰ Alpheus Williams produced a detailed statement of what improvements were necessary and what these would cost¹⁶¹ and municipal officials repeated what they had been telling the Council for years about the need for urgent reforms.¹⁶² As one town councillor put it, 'it was time they did something to make Kimberley a better town to live in'.¹⁶³

156. DFA, 2/12/1918, p.1.

157. DFA, 3/4/1919, p.6; 26/4/1919, p.7.

158. DFA, 8/11/1918, p.7; 3/4/1919, p.6.

159. CACT: Kimberley City Council Minute Book 18, p.60.

160. *Ibid.*, p.118.

161. Williams, pp.23-44.

162. DFA, 5/2/1919, p.7; Williams, pp.38-44; KPL: Kimberley City Council Archives, file 660, dossier T38, Report by Sanitary Inspector to Kimberley City Council Sanitary Committee, 11/3/1919.

163. DFA, 8/11/1918, p.7.

Municipal reform started with a flourish because fresh cases of influenza were reported at the gaol late in November 1918.¹⁶⁴ The locations,¹⁶⁵ the gaol-hospital¹⁶⁶ and Malay Camp¹⁶⁷ were thoroughly cleansed and disinfected, £500 was set aside to buy a municipal ambulance,¹⁶⁸ local MLAs were approached to have the Board of Health superseded by the Municipality as the local health authority¹⁶⁹ and schemes to erect houses for Blacks¹⁷⁰ and Whites¹⁷¹ and build a completely new location 'on Sanitary lines',¹⁷² were discussed in Council.

Yet, much of this early promise was not fulfilled. In the face of vested interests, bureaucratic delay, Kimberley's growing post-war financial difficulties,¹⁷³ its heavy dependence on the falling diamond-market¹⁷⁴ and the emergence of other post-war problems, the post-'flu resolve to bring about reforms faded quickly. A solution to the housing shortage 'depended largely upon whether the Council could secure money from the Government or by a general loan', the Mayor told a visiting delegation in

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- 164. KPL: Board of Health Minute Book 1914-1922, p.47; DFA, 3/12/1918, p.5.
 - 165. KPL: Kimberley City Council Archives, file 685, dossier T5, Report by Superintendent Native Locations to Kimberley City Council Locations Committee, 18/11/1918.
 - 166. IEC, vol. 2, file 6: Evidence of Dr Jones, p.3.
 - 167. DFA, 30/10/1918, p.7.
 - 168. CACT: Kimberley City Council Minute Book 18, p.155.
 - 169. Ibid., p.189; KPL: Kimberley City Council Archives, Town Clerk's Letter Book, vol. 59, p.98.
 - 170. The Friend, 6/2/1919, p.5.
 - 171. CACT: Kimberley City Council Minute Book 18, p.219.
 - 172. Ibid., pp.100, 118.
 - 173. Ibid., p.539f., Preface to Estimates, 30/12/1919; CACT: 3/KIM, vol. 1/1/1/17, p.219f., Report on Estimates, 30/12/1920.
 - 174. M Roberts: Kimberley - Turbulent City, p.370; H A Chilvers: The Story of De Beers (London, 1939), pp.222-223.

August 1919.¹⁷⁵ That night he showed how far his 1918 reformism had evaporated when he reminded an election meeting that the Influenza Epidemic Commission had concluded that,

'whilst admittedly there was [sic] so-called houses here in Kimberley not fit to live in, yet that was not the direct cause of the influenza, ... Kimberley sanitary arrangements, or want of sanitary arrangements, had nothing to do with this ...'¹⁷⁶

A few days later the town's sanitary inspector made it clear that shelving housing schemes meant no more dilapidated buildings could be condemned, 'owing to the fact that tenants would thus be de housed and overcrowding increased'.¹⁷⁷ Sanitary conditions also remained unremedied all through 1919 - one group of rate-payers was so incensed by this neglect despite the lesson of 'Black October' that they complained directly to the Public Health Department in Pretoria which sent a medical officer to investigate.¹⁷⁸ Even the intended purchase of an ambulance was not carried through; 1921 found the City Council asking De Beers if it might use theirs in case of emergencies.¹⁷⁹ To cap these negative results, the City Council's bid to replace the Board of Health as the local health authority was also thwarted, possibly because of the opposition of De Beers which would have lost their two representatives on the Board. The new Public Health Act of 1919 specifically provided for this anomalous body to continue its responsibility for public health (excluding the supervision of water, food, sanitation and housing) in the Kimberley District.¹⁸⁰ It retained these functions until 1977 when it ceased to exist.

175. Johannesburg Municipality: Council Minutes, July-December 1919, p.563 (Report of Delegation re Native Housing).

176. DFA, 29/8/1919, p.7.

177. DFA, 4/9/1919, p.7.

178. DFA, 20/5/1919, p.7; 29/5/1919, p.7; 13/6/1919, p.7; 20/6/1919, p.7; 9/7/1919, p.7.

179. CACT: 3/KIM, vol. 1/1/1/17, p.407.

180. Act 36 of 1919, section 153.

Even where the 'flu had sharply underlined the danger to White health posed by unhealthy conditions in Malay Camp and the locations, the implementation of reform was slow and meagre. Many Whites had called for the demolition of Malay Camp after the epidemic - in a nearby street eight people had died, 'and no wonder', protested one old resident, 'they were in such close proximity to the Malay Camp that they caught the infection'.¹⁸¹ Yet it survived till after World War II. Radical improvements were promised for the locations too - the City Council, 'in consequence of what they saw during the epidemic, came to the conclusion that the present conditions of the three locations ... were such that they must not exist much longer', the Resident Magistrate told a meeting at the Native Brotherhood Institute in April 1919.¹⁸² Four years later, 'comprehensive reform' had yielded a few health visitors (but still no municipal dispensary¹⁸³) and an expansion of the existing locations at their already unsatisfactory sites,¹⁸⁴ despite White protests that this would bring them 'in too close proximity to the existing European dwellings, viz. 750 feet', which would create inter alia, 'a menace to the Health of the City'.¹⁸⁵

Not all was failed reform and short memories, however. A housing scheme for Whites was finally approved and in 1922, with the aid of a Government loan of nearly £51 000 in terms of the 1920 Housing Act, 85 houses were erected.¹⁸⁶ Nevertheless, the Council's four-

181. DFA, 14/11/1918, p.7.

182. DFA, 3/4/1919, p.6.

183. City of Kimberley: Mayor's Minute 1919-1922, p.88.

184. Ibid., pp.13, 69; KPL: Kimberley City Council Archives, file 733, dossier T25, Minutes of Housing Sub-Committee Meetings, 26/1/1921 and 1/2/1921.

185. KPL: Kimberley City Council Archives, Unnumbered file, 'Housing Scheme - no. 2 Native Location Extension and Petition Against It', copy of Petition to Sir Frederick [sic] De Waal, 22/3/1923.

186. City of Kimberley: Mayor's Minute 1919-1922, pp.13, 69; CACT: 3/KIM, vol. 1/1/1/17, pp.358, 430; Union of South Africa: Report of Central Housing Board for 1924, UG 31-'25, p.9.

year delay over this scheme and the latter's eventual modesty stand in sharp contrast to the speed with which De Beers set aside £100 000 as housing loans for its White employees.¹⁸⁷ As for Black housing, it was not until 1923 that a loan of just over £30 000 was approved for the construction of 223 location houses.¹⁸⁸

In addition, the 'flu had demonstrated so conclusively how vulnerable the pail-system of sewage-removal was to a sudden loss of labour, 'that we can never feel secure against the danger of dislocation in some form or other', argued the City Sanitary Inspector.¹⁸⁹ The threat to public health that such a disruption entailed had become all too clear during the epidemic.¹⁹⁰ After this, no-one needed convincing as to the benefits of the long-contemplated system of water-borne sewerage. However, a prerequisite for this was municipal control of the town's water supply, then still in the hands of a private concern, the Kimberley Waterworks Company. The Kimberley City Council finally began negotiations with the company in 1920 and concluded purchase the following year.¹⁹¹ Thereafter, it embarked on an extensive sewerage-construction programme in the town and its White suburbs.¹⁹² The locations made progress too - a pail removal system was introduced there.¹⁹³

In short, the 'flu did prompt Kimberley to tackle a few of its longstanding health problems, but it left many more untouched, except by good intentions and shelved blueprints.

187. H A Chilvers: The Story of De Beers, p.220; DBCM Ltd: 31st Annual Report 1918-1919, pp.38-39; 32nd Annual Report for Year Ending 30/6/1920, p.37.

188. UG 31-'25, p.12.

189. Williams, p.39.

190. See p.87.

191. City of Kimberley: Mayor's Minute 1919-1922, pp. 4, 68.

192. Ibid., pp.68-69.

193. Ibid., p.87 and City of Kimberley: Mayor's Minute 1916-1919, p.102.

CHAPTER 4

BLOEMFONTEIN

In 1918 Bloemfontein was a town of nearly 31 000 civilians, with a large military contingent encamped at nearby Tempe. Of the resident population, 14 767 were White,¹ 16 000 Black and 'Coloured'.² Although the town's population had grown very rapidly since the Anglo-Boer War,³ it was widely believed that its invigorating climate, general cleanliness and apparent lack of extensive slums were proof against any serious outbreak of disease. To bolster this belief it could point to an average White infant mortality-rate of 70.6 per 1 000 over the last three years and a general White mortality-rate of 7.71 per 1 000 for 1917-18.⁴ Nor were these figures a temporary phenomenon; since 1895 Bloemfontein had consistently had the lowest urban death-rate in South Africa during peacetime.⁵ Well might the Bloemfontein-based The People's Weekly write in 1918 of 'our unchallenged reputation as the cleanest and healthiest city in the Union'.⁶

Thus, when late in September 1918 reports began to be received of outbreaks of Spanish 'flu on the Rand and in Cape Town,

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1. IEC, vol. 1, file 5: 'Memorandum on progress of epidemic in Bloemfontein submitted by J P Logan' (hereafter cited as Logan), Attached Table. A significant number of these Whites were English-speaking (see Union of South Africa: Third Census of the Population of South Africa - Part III: Official Languages Spoken (Europeans), UG 35-'23, pp.22-23.
 2. IEC: Logan, Attached Table.
 3. K Schoeman: Bloemfontein - Die Ontstaan van 'n Stad 1846-1946 (Cape Town, 1980), pp.184, 218, 231.
 4. Municipality of Bloemfontein: Abstract of Treasurer's Accounts for 1921-2, p.117.
 5. The Star, 29/10/1918.
 6. People's Weekly, 9/11/1918, Editorial.

Bloemfontein was not unduly alarmed. These were reported to be mild in nature and, in any event, how dangerous could what The People's Weekly blithely called 'our old friend the ordinary common or garden influenza',⁷ be? Nor was there excessive concern when mild cases began to appear in the Waaihoek location and in the town itself, probably brought there from Kimberley.⁸

The local daily, The Friend, typified the prevailing popular attitude when it spoke almost flippantly of the appearance of 'the new and fashionable disease known as "Spanish influenza"'.⁹ Even a notice on 4 October by the OFS Assistant MOH, Dr P Targett-Adams, gave no cause for alarm, merely warning that the disease was highly infectious and was best prevented by remaining in the open air as much as possible.¹⁰

Within a matter of days, however, the secure complacency in the town gave way to growing anxiety as the virulence and extent of the 'flu increased sharply. 'The onset was extremely violent and very sudden and reached its summit in a few days', Targett-Adams later recalled.¹¹ By 8 October hundreds were laid up in the locations, where officials and volunteers were already working hard to help the sick,¹² while, in an effort to keep the disease from White Bloemfontein, White residents were counselled to keep their Black servants 'at their master's house, as they

7. People's Weekly, 12/10/1918, Editorial.

8. IEC, vol. 1, file 5: Evidence of J P Logan, pp.1,2; Evidence of Dr P Targett-Adams, p.1.

9. The Friend, 5/10/1918, p.7.
See too Grey University College Magazine, 1919, p.26;
Interview with Miss A Helmbold and Collier Collection:
Letter from Mr E Horn, May 1972.

10. Union of South Africa: Report of the Influenza Epidemic Commission, UG 15-'19, Appendix I.

11. IEC, vol. 1, file 5: Evidence of Dr P Targett-Adams, p.1.

12. IEC: Logan, Entries for 7/10/1918 and 8/10/1918;
The Friend, 7/10/1918, p.4.

are most susceptible and pass the infection to the whites'.¹³ ✓
 This and other advice offered by The Friend¹⁴ were of little use, however: doctors and pharmacists were soon being inundated with requests for help¹⁵ and on 10 October the National Hospital announced that it was full and in urgent need of volunteers to help 'in any capacity'.¹⁶

As the position steadily worsened, Bloemfonteinners began to appreciate the quite extraordinary danger posed by the disease enveloping the town. Reluctantly abandoning its belief in Bloemfontein's immunity to epidemics ('By that time they realised what they were up against,' explained the Town Clerk¹⁷), on 8 October the Municipality decided to open two soup-kitchens cum-dispensaries (one at the Town Hall and one at Waaihoek) for those families too sick or too poor to care for themselves, while house-to-house visits were begun to ascertain the extent of the 'flu and where help was needed most.¹⁸ An appeal was also made for no indoor gatherings to be held and for bioscopes and other places of entertainment to be avoided. The Vaudette open-air theatre was quick to try and cash in on its distinctive character by stressing that doctors were unanimous that fresh air was the best preventative and cure,¹⁹ but, in the face of strong Council disapproval, it was compelled to close too.²⁰ ✓

The house-to-house census of the town and the locations confirmed

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13. The Friend, 7/10/1918, p.4.
 14. The Friend, 9/10/1918, p.4.
 15. IEC: Logan, Entry for 7/10/1918.
 16. The Friend, 11/10/1918, p.4.
 17. IEC, vol. 1, file 5: Evidence of J P Logan, p.1.
 18. IEC: Logan, Entry for 8/10/1918;
The Friend, 9/10/1918, p.4;
 OFS Archives (hereafter OFSA): MBL 4/3/1/40, file 101/1/17,
 Minutes of Public Health Committee Meeting, 9/10/1918.
 19. The Friend, 10/10/1918, p.4.
 20. The Friend, 12/10/1918, p.3; 14/10/1918, p.4.

the Municipality's fears: over 4 000 cases were discovered, 3 000 of these in the locations.²¹ Moreover, deaths from Spanish 'flu began to mount alarmingly: 30 on 10 October, 44 on 11 October and 72 on 12 October.²² While the Mayor spoke gravely of the 'serious menace threatening the health of the community',²³ and tried to persuade the Railways to forbid any more Blacks to travel to or through Bloemfontein lest they be 'flu carriers',²⁴ the Municipality attempted to still panic by quoting the 'considered opinion of the medical profession' to the effect that, 'There is no real cause for alarm....If one considers the number of cases that have been sick, the death rate is really trifling.'²⁵ Nevertheless, some townsfolk began to take additional precautions like boiling drinking water²⁶ and drawing blinds 'to keep the germs out'.²⁷

In the town regular activity was beginning to falter for want of labour. By the end of the week in which schools were instructed not to re-open after the short vacation,²⁸ The People's Weekly was describing Bloemfontein's plight vividly:

'...our servants dropping off in scores, the stores being closed from shortage of staffs, the railways, post office, public services, and workshops becoming disorganised, natives dropping dead in the street, and even the municipal health officers, and private physicians themselves attacked, and the mortality growing daily to an alarming degree,...'

21. IEC: Logan, Entry for 10/10/1918.

22. IEC: Logan, Attached Table.

23. The Friend, 10/10/1918, p.4.

24. OFSA: MBL 4/3/1/40, file 101/1/17, Telegram from Health, Pretoria to Mayor Bloemfontein, 12/10/1918.

25. The Friend, 12/10/1918, p.4.

26. Interviews with Mrs M Birt, Miss A Helmbold and Mr C Kohler.

27. Interview with Mrs M Birt.

28. The Friend, 7/10/1918, p.4; 12/10/1918, p.4.

It observed that, 'All the week the hand of the disease has lain heavily on the town, and so uncanny was the stillness in the streets and shops that we might have been in a city of the dead.'²⁹

In these ominous circumstances the Municipality was compelled to extend its relief organization and put it onto a more systematic footing. Several bureaux were set up, each to deal with a specific facet of relief and assistance; all fell under the overall direction of a Central Bureau which remained in permanent session so it could deal with problems as soon as they arose.³⁰ The public were kept informed of the latest developments via a daily 'Official Bulletin' in The Friend, while from 14 October a 'report and discussion' meeting for the public was held every day at 5p.m.³¹ It is clear that the municipal authorities realized that the battle against the 'flu had a psychological dimension too and that one way morale could be kept up was by seeming to take the public into their confidence. Likewise, to still rampant rumours about who had died, from 18 October The Friend began to publish a daily list of White 'flu victims. As part of this counter-offensive, The Friend itself seems to have refrained from criticizing the Municipality's efforts and assumed the role of semi-official mouthpiece for the duration.

As for the actual rendering of assistance, house-to house visits were put on a daily basis,³² businesses were urged to keep shorter hours so their employees could care for their own families,³³ volunteers were called for to do the housework of those women too

29. People's Weekly, 12/10/1918, Editorial.

30. IEC: Logan, Entry for 10/10/1918; IEC, vol. 1, file 5: Written statement by J A Ashburnham, p.1.

31. The Friend, 14/10/1918, p.4.

32. OFSA: MBL 4/3/1/40, file 101/1/17, Minutes of Special Meeting of Town Council, 11/10/1918, p.I; The Friend, 12/10/1918, p.4.

33. The Friend, 12/10/1918, p.4.

ill to do their own³⁴ and, to spare doctors, Dr Targett-Adams issued a notice carefully distinguishing between severe cases (which needed a doctor at once) and milder ones which could be treated according to the advice he outlined.³⁵ Convalescents were sternly warned not to get up too soon.³⁶

To overcome the lack of hospital accommodation for 'flu patients, temporary hospitals were opened at Eunice Girls' School (for 'women of the better classes' only³⁷), at the Railway Institute for Railway employees³⁸ and at the half-finished Waaihoek Cathedral.³⁹ Male civilians were also admitted to the Military Hospital at Tempe⁴⁰ and two further dispensaries and food depots - later turned into temporary hospitals - were opened at the Kaffirfontein and No. 3 locations.⁴¹ White children with 'flu

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34. The Friend, 14/10/1918, p.4; IEC: Logan, Entries for 12/10/1918 and 13/10/1918.
 35. IEC, vol. 1, file 5: Evidence of Dr P Targett-Adams, Appendix; The Friend, 10/10/1918, p.4.
 36. The Friend, 12/10/1918, p.4.
 37. OFSA: MBL 4/3/1/40, file 101/1/17, Acting Director of Education to Town Clerk Bloemfontein, 12/10/1918.
 38. The Friend, 15/10/1918, p.5; IEC: Logan, Entry for 14/10/1918.
 39. The Friend, 15/10/1918, p.4; Quarterly Paper of Dioceses of Bloemfontein and of Kimberley and Kuruman, no. 203, 20/1/1919, p.6; OFSA: Accession 510 (The White Book - Diary of the Community of St Michael and All Angels, Bloemfontein, 1909-1939), vol. II, p.67; IEC: Logan, Entry for 11/10/1918; Interviews with Mrs M Bogacu, Mr J Hodes, Mr A Nathan and Mr H Venter.
 40. The Friend, 15/10/1918, pp.5, 6; IEC: Logan, Entry for 14/10/1918; OFSA: MBL 4/3/1/40, file 101/1/17, Staff Officer for Medical Services to ADMS, Bloemfontein, 21/10/1918; SADF Archives: DC 1305, file M4502 B, Telegram from ADMS, Bloemfontein to DMS, 15/10/1918; UG 15-'19, Appendix G, pp.32, 35.
 41. IEC: Logan, Entry for 11/10/1918; The Friend, 15/10/1918, p.6.

were sent to the Belmont Isolation Hospital,⁴² while a temporary creche for those White 'flu orphans not taken in by private families and those whose families were too ill to care for them was opened at Orangia School.⁴³

To run this extensive organization volunteers were exhorted to come forward. 'Generally, no man or woman in this time of trial has any other more important duty than helping the sick and the needy', declared the Mayor in a public appeal on 12 October. 'Won't you come and help us save lives?'⁴⁴ Initially, response was slow, as many people, apprehensive of infection, kept indoors or fled the town⁴⁵ or were too pre-occupied with caring for their own family and friends.⁴⁶ Urgent appeals to supplement the hard core of 'our heroic workers'⁴⁷ soon became a regular feature of Official Bulletins.⁴⁸

These energetic initiatives and actions by the Municipality both bolstered morale and brought into being an all-embracing and coherent system of relief and counter-attack, 'a sort of ad hoc Soviet system', as one writer later described it.⁴⁹ Something concrete was being done and the whirl of intense activity acted as a deterrent to morbid resignation and fearful passivity in the face of the epidemic. Would-be volunteers were confidently assured that there was little danger of infection to them, for 'The

42. The Friend, 22/10/1918, p.4;
IEC: Logan, Entry for 22/10/1918.

43. The Friend, 18/10/1918, p.4; 21/10/1918, p.4.

44. The Friend, 12/10/1918, p.4.

45. Interview with Mr H Venter;
E Buys: Triomf van 'n Reddingsdaad (Pretoria, 1955), p.12.

46. The Friend, 15/10/1918, p.5;
People's Weekly, 2/11/1918, p.3.

47. The Friend, 16/10/1918, p.4.

48. The Friend, 14/10/1918, p.4; 15/10/1918, p.6; 16/10/1918, p.4 and Editorial.

49. W H Dawson: South Africa - People, Places and Problems (London, 1925), p.252.

enthusiasm and vigour of the workers so far have been a powerful antidote.'⁵⁰ In retrospect the Town Clerk observed that there had been

'Unlimited support to Council authorities in doing anything for the common good. At no time in the history of this town has the Town Council been so absolute. It merely had to issue requests and vigorous workers saw to it that no one dared to refuse.'⁵¹

Commending their zeal, the Mayor declared that

'in no other town was there such complete or rapid or more effective organisation framed whereby the whole of the energies of the "well" were brought to the help of the sick and dying.'⁵²

Probably it was in Bloemfontein's locations that the Municipality's counter-offensive was most authoritarian. Here it was not a case of appeals and exhortations, winning confidence and coaxing people to co-operate. Instead, orders were issued and decisions taken without much consultation by the Municipal authorities as they brushed aside anything which they perceived as an obstacle to the successful prosecution of their attack on the centre of the epidemic. The Chief Executive Officer of the relief organization in the locations, the City Engineer, made no bones about their modus operandi. He told the Influenza Epidemic Commission:

'They commandeered everything they could find, if people wanted any explanation he told them to go to him later on.'⁵³

Councillor Arthur Barlow who was in supreme control of the campaign in the locations related how, with the assistance of the police, they had commandeered Blacks as grave-diggers:

50. The Friend, 14/10/1918, p.4.

51. IEC: Logan, Entry for 14/10/1918.

52. Central Archives, Pretoria: GG 961, file 34/784, D A Thomson to Major Fitzroy, 31/7/1919.

53. IEC, vol. 1, file 5: Evidence of A Stewart, p.1.

'...they got 10 motor cars and took every native they came across, and made them bury the dead....The boys he had commandeered were paid 4/- a day and their food.'⁵⁴

These grave-diggers 'literally lived at the cemetery',⁵⁵ coming home only at nights after spending the day burying the scores of Black corpses brought there under tarpaulins aboard open carts.⁵⁶

In the locations themselves White volunteers gave help zealously. Some nursed the 'flu patients forced by a lack of beds to lie on the floor of Waaihoek Cathedral hospital;⁵⁷ others toured the locations, distributing medicine, food and soup to the sick. Sardonicly, De Volkstem's Bloemfontein correspondent observed how

'...die witmense hier krij toen h bevliegung van broederlikheid en rij soep aan naar die skepsels, dat 't h aardigheid was. Waaihoek kon swem in die sop!'⁵⁸

Some location residents were deeply impressed by this altruism. Many years later a prominent Black journalist at the time spoke of a spirit of brotherhood

'...that was never known before in Bloemfontein. Whites were sympathetic and became friends and brothers to the people in the location. It seemed as if everyone in the town took an interest in what could be done.'⁵⁹

Others were suspicious of the unwonted attention and were reluctant to heed the advice given or use the medicine prescribed,

54. IEC, vol. 1, file 5: Evidence of A Barlow, p.1.

55. Interview with Mrs M Bogacu.

56. Interviews with Mr S Daubney and Mr H S Msimang; Letter to author from Mrs E Aldworth, October 1978.

57. Interviews with Mr A Nathan and Mr H Venter; L F Swanepoel: 'The Origin and Early History of the Seventh-Day Adventist Church, 1886-1920' (Unpub. MA thesis, UNISA, 1972), p.147.

58. De Volkstem, 29/10/1918, p.4.

59. Interview with Mr H S Msimang.

preferring the familiar 'bujalwa jura setswana' (so-called Bantu Beer).⁶⁰ White volunteers interpreted such attitudes as fatalism and tradition-bound obstinacy. 'They do not seem to care whether they get well or not', remarked The Friend uncomprehendingly,⁶¹ while several White relief workers fulminated against the widespread Black reluctance to go to hospital or to take medicine.⁶²

As a result of this, of ignorance as to preventive measures, of crowded living conditions and of a low state of resistance, mortality in the locations continued at a very high level: between 10 October and 18 October, when deaths there reached 90 in one day, 621 deaths were recorded.⁶³

'People were dying like flies', recalled a woman who lived in Waaihoek at the time. 'Brides collapsed at the altar.' She remembered that there was no time for coffins, single graves or funeral services - people were buried in hessian sacks which were ✓ dumped in trenches on top of each other.⁶⁴ A contemporary of hers, Selby Msimang, then editor of a local Black newspaper, was amazed that the disease was 'so vicious, so violent - it took very little time....You would talk to a man in the morning and in the afternoon he'd be flat [i.e. dead].'⁶⁵ Many fled to try and escape the disease; one group sought safety at a spot on the edge of Waaihoek which they dubbed 'Mahlomola' ('grief'), as 'there was an exodus of grief into that area'.⁶⁶ The name remains to-day.

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60. Interview with Mrs M Bogacu. Apparently many Whites were convinced of the value of this brew too and tried to buy bottles of it from local Blacks. (Interviews with Mrs Bogacu and Mr H S Msimang).
61. The Friend, 11/10/1918, p.4.
62. For instance, The Friend 11/10/1918, p.4; 18/10/1918, p.4; IEC, vol. 1, file 5: Evidence of A Barlow, p.1.
63. IEC: Logan, Attached Table.
64. Interview with Mrs M Bogacu.
65. Interview with Mr H S Msimang.
66. Interview with Mrs M Bogacu. See too B L Leshoai: 'Mahlomola' in R Harvey (ed.): Six Short Stories (Johannesburg, 1975), p.35.

Yet, the Municipality's flurry of vigorous measures failed to check the epidemic. It continued to rage virulently and by the middle of October the town had 'the aspect of a besieged city'.⁶⁷ To this lack of instant success the municipal authorities responded in the only way they knew: redoubling their efforts and taking even more facets of the campaign under their direct control, 'ignoring all considerations but the common good', as the Mayor put it, 'knowing that they had the public behind them... [and] leaving legal remedies to stand over. No powers were given to the municipality; they took them.'⁶⁸ In short, the methods used in Waaihoek were being applied to the town proper. It was necessary 'all the time to "carry on"', wrote a local student, 'because wavering meant going under'.⁶⁹ Looking back on this period, The Friend concluded:

'It was largely because the Town Council set conventional usages at defiance and even saw fit at times to ignore the strict letter of the law, that the Bloemfontein Municipality was able to act so promptly and effectively,...'⁷⁰

To try to make the most effective use of the reduced number of doctors,⁷¹ it was arranged that one of those who was convalescing would give advice by telephone,⁷² while nurses doing house-to-house calls were asked to determine which of the cases they saw really did need a doctor.⁷³ The doctors themselves were opposed to dividing the town into medical districts as in Kimberley,⁷⁴

67. The Friend, 15/10/1918, p.5.

68. IEC, vol. 1, file 5: Evidence of D A Thomson, p.4.

69. Grey University College Magazine, 1919, p.26.

70. The Friend, 14/1/1919, Editorial.

71. The Friend, 19/10/1918, Editorial, which spoke of half of the town's twelve doctors being laid up with 'flu.

72. IEC: Logan, Entry for 15/10/1918.

73. OFSA: Bloemfontein - Minutes of Public Health Committee 1917-1919, Report of Lady Health Visitor for October 1918 (attached to Minutes of 6/11/1918 Meeting).

74. IEC, vol. 1, file 5: Evidence of D A Thomson, pp.2, 4.

but in order to rationalize their activities, all calls for doctors were channelled into a central Medical Bureau which passed them on to whoever was available if the doctor asked for was too busy.⁷⁵ Despite this arrangement, doctors found themselves hailed by people standing outside their houses, imploring them to attend to 'flu-stricken members of their family.⁷⁶ To ease the shortage of nurses twelve German nurses from Tanganyika who had been interned at Tempe were allowed to help in the town,⁷⁷ while households free of 'flu were requested to display a white cloth to minimize unnecessary visits by relief workers.⁷⁸ Free inoculation with anti-'flu vaccine from Johannesburg was begun on 21 October,⁷⁹ almost at the same time as extra medical and nursing assistance began to reach the town from elsewhere in South Africa.⁸⁰

The Municipality also intervened after it had become clear that the price which pharmacists were charging for anti-'flu medicine was making it too expensive for poorer citizens to buy. It persuaded doctors to settle on three uniform prescriptions and then tried to buy up the necessary components from the town's pharmacists or even the University's Chemistry Department. Using these, it had stock mixtures made up and supplied to pharmacists at cost. Those customers who could not pay even these prices were supplied free at the Town Hall.⁸¹ A teenage relief-worker at the time

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75. IEC: Logan, Entries for 16/10/1918 to 19/10/1918; The Friend, 21/10/1918, p.4.
76. Collier Collection: Letter from Mrs J Pritchard, 14/5/1972.
77. The Friend, 18/10/1918, p.4; 19/10/1918, p.4; People's Weekly, 2/11/1918, p.3; Letter to author from Mrs A Frayne, February 1981; Interview with Mr C Kohler.
78. The Friend, 17/10/1918, p.4; 21/10/1918, p.4; Interviews with Mr J Coleman and Mr S Daubney.
79. IEC: Logan, Entry for 21/10/1918; Interview with Mr S Daubney.
80. IEC: Logan, Entry for 20/10/1918. These were volunteer nurses and doctors sent by the Department of Public Health - see ch. 6, p.
81. The Friend, 15/10/1918, p.6; 16/10/1918, p.4; IEC: Logan, Entry for 11/10/1918; IEC, vol. 1, file 5: Evidence of F Carter, p.1; Evidence of J P Logan, p.2; OFSA: MBL 4/3/1/40, file 101/1/17, Letters to chemists from Mayor, n.d.; and from Town Clerk, n.d.

remembered, 'If I wanted a gallon of 'flu mixture, they just said, "Take it, take it"....They only wanted to know when I'd bring the bottle back.'⁸²

Not surprisingly, none of the pharmacists' indignation at this high-handed action was reflected in the 'Official Bulletin', which referred to how they had, 'in a most public-spirited manner, put their services at the disposal of the health authorities for the common good'.⁸³ However, when the Influenza Epidemic Commission visited Bloemfontein, the secretary of the local Pharmaceutical Society complained angrily that

'the Council seemed to have the idea that they had to run the epidemic,....The Town Clerk might be an excellent organiser but he did not know how to run a chemist's business.'⁸⁴

Similarly, the Municipality gave serious thought to assuming control of the flagging undertakers' service, but finally it decided to assist the two local firms by commandeering Black labour to dig graves and by securing hearses from the UDF and coffins from Railways carpenters.⁸⁵ Nevertheless, at the peak of the epidemic waggons had to be sent through the town to collect bodies,⁸⁶ while those residents with their own cars took their dead to the cemetery themselves.⁸⁷ 'What made such a terrible impression on me was the cars with [three or four] coffins', recalled a woman over sixty years later.

'The streets were quiet and then came this hooting. People stopped and removed their hats as they came by. It was horrible - I have that in my mind still to this day.'⁸⁸

82. Interview with Mr S Daubney.

83. The Friend, 15/10/1918, p.6.

84. IEC, vol. 1, file 5: Evidence of F Carter, pp.1-2.

85. The Friend, 17/10/1918, pp.4,5.

86. Interview with Mr H Venter;
Letter to author from Mrs E Aldworth, October 1978;
Collier Collection: Letter from Mr E Horn, May 1972.

87. Letter to author from Mrs E Aldworth, October 1978.

88. Interview with Miss A Helmbold.

At the cemetery burial followed burial. An Anglican minister was even assigned a room at the Superintendent's house there so that he could be available to conduct funerals at all hours.⁸⁹ For an elder of the Dutch Reformed Church,

'Dit het vir my gesmaak of die end van die mensdom daar was. Daar was meer begrafnisse op een dag as in gewone omstandighede in 'n hele maand... Dit het gelyk of die aarde oopgeploeg was.'⁹⁰

To allay fears among the poor that some 'flu victims would receive only pauper burials, the Municipality guaranteed a 'decent' burial for all Whites, with payment to be settled once the epidemic had passed.⁹¹ ✓

The constant refrain as the Municipality took on commitment after commitment was for more helpers.⁹² The (White) public was asked to inform the Enrolment Bureau of any able-bodied people not yet giving assistance so that they could be approached to do so,⁹³ while non-essential businesses were requested to close for three days to free their employees for relief work. 'Public opinion demands that they should close', declared the 'Official Bulletin'.⁹⁴ Most did.⁹⁵ 'Slackers' were the subject of sharp disapproval. Deliberately employing current recruitment language, the Deputy Mayor railed against 'many men who were not doing their bit, and these men should be hounded out of their gardens and stoeps with knobkerries'.⁹⁶ Nor were the authorities beyond hinting at the use of some form of compulsion: on 21 October the 'Official Bulletin' warned that if more help was not immediately forthcoming, 'the workers in the epidemic organization will demand that more drastic action be taken'.⁹⁷ ✓

89. Letter to author from Mrs E Aldworth, October 1978.

90. E Buys: Triomf van 'n Reddingsdaad, p.11.

91. OFSA: MBL 4/3/1/40, file 101/1/17/3A, Statement of Evidence to be submitted by J P Logan, pp.1-3; Evidence on 'Voorboom's Business' prepared for case, Voorboom vs. Town Council.

92. The Friend, 15/10/1918, p.6; 16/10/1918, p.4; 17/10/1918, p.4; 18/10/1918, p.4; 19/10/1918, Editorial.

93. The Friend, 17/10/1918, p.4.

94. Ibid.

95. The Friend, 18/10/1918, p.4.

96. The Friend, 19/10/1918, p.4.

97. The Friend, 21/10/1918, p.4. A similar veiled threat appeared in The Friend, 17/10/1918, p.4.

Appeals to Blacks were couched in quite different terms, underlining the role prescribed for them by Whites. They were urged to return to work, almost as a duty, to release Whites from household tasks (in particular doing the laundry of the sick) for relief work.⁹⁸

Underlying these vigorous attempts to mobilize the town's population there apparently lay the belief that the 'flu could be checked by human means, if only enough assistance was forthcoming. Or did these continuing, almost insatiable demands for more helpers (going on well after there seems to have been a good response⁹⁹) arise in part from a refusal to make the terrible admission that perhaps the epidemic of Spanish 'flu was not susceptible to any human counter-measures?

Evidence of such thoughts is not to be found, however, for the epidemic did not continue at this high level for long enough. From 22 October deaths began to decline significantly - probably the epidemic was burning itself out naturally, its very virulence and compass having created a temporary immunity in those it attacked but did not kill. Within ten days mortality was down to single figures.¹⁰⁰

This allowed the emergency relief organization in Bloemfontein to be dismantled gradually and for a growing number of the town's volunteer workers to be deployed in surrounding districts. From being a model centre of self-help, Bloemfontein became a centre for helping other parts of the OFS.¹⁰¹

Slowly the town began to return to life: trams began to run

98. The Friend, 16/10/1918, p.4; 22/10/1918, p.4.

99. The Friend, 16/10/1918, Editorial.

100. IEC: Logan, Attached Table.

101. IEC: Logan, Entries for 19/10/1918, 21/10/1918-28/10/1918; OFSA: PAS 140, file 310/8, Provincial Secretary to J Duff, 23/10/1918; MBL 4/3/1/40, file 101/1/17, Mayor to His Excellency Viscount Buxton, 5/11/1918; and Secretary Municipal Association of OFS to Town Clerk and Treasurer Bloemfontein, 3/3/1919.

according to their usual schedules again, with conductors to take fares, public services were resumed and, to spare their recuperating employees, businesses lengthened their opening hours in stages, in accordance with requests from the Mayor and the Chamber of Commerce.¹⁰² The Mayor actually advised the public to boycott firms which ignored these requests, declaring that, 'public opinion will not stand the taking advantage of those who are endeavouring to care for the best interests of their employees'.¹⁰³

On the other hand, several Blacks who were slow to return to domestic work or who could not show that their absence was due to the 'flu were prosecuted under the Master and Servants' Act. In sentencing one man to three weeks in gaol with hard labour, Assistant Magistrate C W F Atkinson

'commented on the poor return these natives were showing for the care and attention lavished on them during the epidemic by the European community, and intimated that any similar cases coming before him would be similarly dealt with'.¹⁰⁴

The town was indeed returning to normal.

These prosecutions caused dismay among Bloemfontein's Black population. Jacob N Tatane afforded a brief glimpse of this when he wrote to The Friend asking,

102. The Friend, 24/10/1918, p.4; 25/10/1918, p.4 and Editorial; 28/10/1918, p.2; 6/11/1918, p.4; OFSA: MBL 4/3/1/40, file 101/1/17/4A, Minutes of Special Town Council Meeting, 4/11/1918, p.IV; OFSA: Accession 360 (Minute Book of OFS Chamber of Commerce), vol. 1/7, pp.385-6; Letter to author from Mrs A Frayne, February 1981.

103. The Friend, 25/10/1918, p.4.

104. The Friend, 30/10/1918, p.5. See too The Friend, 8/11/1918, p.4; 12/11/1918, p.5; 16/11/1918, p.7. Unfortunately the court-records of all these trials have been destroyed in accordance with the Department of Justice's code, 'Records' (OFSA: Landdros Bloemfontein - Strafsake 1918, vol. 166, Note in front of volume).

'what is this Master and Servants' Act - a gazette or book? Where can it be obtained? I am anxious to get it in order that we may translate it into the native tongue and distribute it here and to the farms. We want our people to die the death which they know.'¹⁰⁵

In the first weeks of November schools were re-opened for those children whose parents were 'desirous of sending them to school',¹⁰⁶ despite sharp protests by the Town Council¹⁰⁷ and the Bloemfontein Urban School Board¹⁰⁸ that such a step was premature. Response was poor however, and a teacher at Eunice Girls' School recalled how 'at breakfast the first morning Miss King & her 24 mistresses surrounded The Staff table while there were 5 girls at one end of theirs'.¹⁰⁹ Three schools were forced to close again, as

'The teachers had found the children dull and unfit to attend, while many of the teachers themselves who had been ill and had resumed work were even unable to solve the mental problems of Standard III.'¹¹⁰

Grief and post-'flu weakness pervaded the town. Referring to the Black population, The Friend observed, 'One can see, in going through the streets, the listless walk and demeanour as compared with the old-time jauntiness that characterised the younger men and women.'¹¹¹ The theatre and cinema critic of The People's

105. The Friend, 27/11/1918, p.6.

106. OFSA: MBL 4/3/1/40, file 101/1/17, Provincial Secretary to Mayor Bloemfontein, 6/11/1918.

107. OFSA: MBL 4/3/1/40, file 101/1/17, Mayor to Provincial Secretary, 28/10/1918.

108. The Friend, 5/11/1918, p.3.

109. Bloemfontein Public Library: Photocopy of 'Notes on Miss E L M King' by Kathleen Ramsbottom, p.5. See too H O'Connor: No Other School So Dear - A History of the Eunice Schools 1875-1970 (n.p., n.d.), p.82 and Eunice High School Magazine, December 1918, p.1.

110. The Friend, 3/12/1918, p.8.

111. The Friend, 25/10/1918, p.4.

Weekly was deeply moved as he thought back over

'the frightful nightmare of the past three weeks....The daily toll of sick and dying and dead, the sights in the hospitals, the irresponsible rumours, the sepulchral gloom of our dark and deserted streets, the absence of music have all had a most nerve-racking effect,...'

To overcome this he called for

'good pictures and bright music, [to] act as a stimulating tonic for the over-wrought nerves of workers and convalescent alike, and take the minds of those who have lost relatives off their sorrows for a brief hour or so....No morbid pictures ought to be shown, and films of funerals and other depressing subjects should be cut out of the topicals.'¹¹²

Until Armistice Day, the only uplifting tonic was the zeal which volunteers had displayed in fighting the epidemic. Fulsome praise was heaped on them,¹¹³ poems were composed in their honour¹¹⁴ and sermons preached on their altruism and sacrifices.¹¹⁵ Forgetting the constant appeals and veiled threats of conscription, the Mayor proudly congratulated his citizens:

'Bloemfontein has done something which will never be forgotten in the history of the city. Never before have people, so diverse, worked together so wholeheartedly, accepting orders and instructions from anyone, so long as it was for the good of the sick and the sorrowing.'¹¹⁶

Particular emphasis was laid on comradeship, on how the battle against the 'flu had drawn together 'all sections of the [White] community - no matter what their political views'. This showed that 'our differences are only on the surface, and that deep down

112. People's Weekly, 2/11/1918, p.4.

113. The Friend, 23/10/1918, p.4; 24/10/1918, p.4; People's Weekly, 2/11/1918, Editorial.

114. The Friend, 21/11/1918, p.4; 2/12/1918, p.7.

115. Institute for Contemporary History, University of OFS: PV 153 (Kestell Collection), file 3/1/4/30, Documents 14/352-353 - 'Schets' for sermon, 17/11/1918.

116. The Friend, 24/10/1918, p.4.

in our hearts we have greater, truer and more humane feelings for each other than one expected', rejoiced the President of the OFS Chamber of Commerce, A E Fichardt.¹¹⁷

But such goodwill and co-operation were for the moment only, and sometimes not even for that. At the height of the epidemic, De Vriend des Volks had commented angrily as to 'hoeveel onkunde daar is in die engelse kamp hier ... ten aansien van die Afrikanerdom',¹¹⁸ after a man organising relief on the outskirts of the city had called for 'Someone with influence among the Dutch community ... to stir up in them a sense of duty.'¹¹⁹ Ten days later, with the epidemic fading, De Vriend des Volks complained that almost all notices and advice had been in English only, and 'wie die taal nie verstaat nie werd sodoende afhanklik van 'n toevallige mededeling deur 'n vriend, die bedoelde taal wel ken ...',¹²⁰ By 1919, all the old divisions among Whites had reappeared. 'It is a disgrace that we have sections, ... who have endeavoured to make political capital out of such a calamity', a chastened A E Fichardt declared.¹²¹

More long-lasting was the other aspect of Bloemfontein's campaign which the Mayor highlighted. The confidence which the Municipality had won by its vigorous measures and skilful publicity was amply demonstrated by the wide-scale support it enjoyed among most of the White population. They were quite willing to subject

117. The Friend, 29/10/1918, p.3. For similar sentiments, see The Friend, 24/10/1918, p.4; 11/11/1918, p.6; De Burger, 25/10/1918, p.3; OFSA: MBL 4/3/1/40, file 101/1/17/4 B, J F Diemont to Mayor, 29/10/1918; Letter to author from Mrs A Frayne, February 1981; Collier Collection: Letter from Mr W Rhodes-Harrison, 9/5/1972.

118. De Vriend des Volks, 28/10/1918, Editorial.

119. The Friend, 19/10/1918, p.4. For his reply to the criticism, see The Friend, 22/10/1918, p.5.

120. De Vriend des Volks, 7/11/1918, p.4.

121. OFSA: Accession 360 (OFS Chamber of Commerce Annual Reports 1913-1928), p.19.

themselves to its dictates and had even helped to implement these. Many saw in the organisation set up by the Municipality a vicarious opportunity to 'do their bit' at last and to share more closely in the wartime feeling of sacrifice and duty. Expressing this very sentiment, Miss E L M King, headmistress of Eunice, wrote:

'O! then we knew a ripple of that wave
Of Europe's pain had reached us, too - to save.
All the heroic virtues of the fight,
So long uneasy in us, sprang to light ...'¹²²

Moreover, in the absence of a lead from the central or provincial authorities, the Municipality had appeared to offer the only hope of stemming the epidemic.

It seems, however, that the autocratic control which it exercised was not out of character. Indeed, the episode left few regrets at the Town Hall about the desirability of direction from above. Councillor Arthur Barlow, who had controlled relief-work in the locations, complained that 'they should have had a medical dictator of the whole show',¹²³ while the Mayor lamented the absence of martial law which 'would have saved them a great deal of trouble'.¹²⁴ The underlying conviction, that 'the Municipality knows best', was to become a hallmark of Bloemfontein life in the inter-war period.

As the town started to take stock of its losses, it began to realise the magnitude of the visitation - three years' deaths in three weeks.¹²⁵ The statistics are set out in Table 10.

122. The Friend, 2/12/1918, p.7. See too Eunice High School Magazine, December 1918, p.3.

123. IEC, vol. 1, file 5: Evidence of A Barlow, p.4.

124. IEC, vol. 1, file 5: Evidence of D A Thomson, p.1. See too *ibid.*: Evidence of J P Logan, p.3.

125. Corporation of Bloemfontein: A Public Health and Social Welfare Survey (Bloemfontein, 1919), p.3. (Hereafter cited as PHSW Survey.)

**TABLE 10: THE SPANISH INFLUENZA EPIDEMIC IN BLOEMFONTEIN -
INCIDENCE AND MORTALITY BY RACE**

	WHITES	BLACKS & 'COLOUREDS'	ALL RACES
POPULATION	14 767	16 000	30 767
CASES	c.7 500	c.11 000	c.18 500
CASES/100 OF POPULATION	50.8	68.75	60.13
DEATHS	398	893	1 291
DEATHS/100 OF POPULATION	2.7	5.59	4.2

Source:

All figures taken from IEC: Logan, Attached Table, except for 'Cases' which are taken from K Schoeman: Bloemfontein: p.244.

Evidence to the Influenza Epidemic Commission stated that the death-rate among the small 'Coloured' population was higher than that among Blacks,¹²⁶ while, overall, it was young adults who were particularly susceptible: Whites between 21 and 40 constituted 64% of total White deaths in Bloemfontein;¹²⁷ in the Bloemfontein Magisterial District Blacks under the age of 35 comprised 55.8% of all Black deaths.¹²⁸

Reflecting on this toll, The People's Weekly concluded that for Bloemfontein it was 'the most terrible experience it has suffered since the great enteric period of the Anglo-Boer War',¹²⁹ while The Friend was sure that 'Black October' constituted 'a chapter of the history of Bloemfontein which will never be forgotten'.¹³⁰

126. IEC, vol. 1, file 5: Evidence of D A Thomson, p.3.

127. IEC: Logan, Attached Table.

128. IEC, vol. 1, file 5: Written statement by J A Ashburnham, p.2.

129. People's Weekly, 2/11/1918, Editorial.

130. The Friend, 22/10/1918, p.4.

It was vital that help be given at once to those families which had lost their breadwinners. As early as 24 October a Bureau of Advice was opened by businessmen and lawyers to give financial and legal assistance to 'flu widows'¹³¹ and four days later the Mayor formally launched the 'Mayor's Temporary Relief Fund for Bloemfontein and District'.¹³² Over £3 000 was rapidly contributed by the public¹³³ and most of this was used to assist 'flu widows and orphans during the next twelve months. These all appear to have been White.¹³⁴

In the absence of any reliable knowledge about the nature of Spanish 'flu or how it was spread, it was felt to be equally necessary to take every precaution against a recurrence. The municipal authorities insisted on the disinfection of 'all buildings ('particular attention is to be paid to native quarters' they stipulated¹³⁵), linen and clothing which might have retained 'flu germs'¹³⁶ and warned auctioneers not to remove household effects from houses where there had been cases of 'flu, until the sanction of the Health Department had been obtained.¹³⁷ For its part, the Railways refused to accept second-hand goods for dispatch without a disinfection-certificate from the MOH.¹³⁸ The

131. The Friend, 25/10/1918, p.4; 26/10/1918, p.4; 28/10/1918, p.4; IEC: Logan, Entry for 24/10/1918.

132. The Friend, 28/10/1918, p.4; 31/10/1918, p.4.

133. OFSA: MBL 4/3/1/5, file 21/4/3, vol. 1, Mayor's Minute for 1918-1919, p.2; The Friend, 12/5/1919, p.4.

134. OFSA: MBL 4/3/1/5, file 101/6/4, List headed 'Epidemic Poor Relief'.

135. The Friend, 4/11/1918, p.3.

136. The Friend, 26/10/1918, p.4; 4/11/1918, p.3; OFSA: MBL 4/3/1/40, file 101/1/17, Acting Secretary Department of Education to Town Clerk, 11/11/1918; Town Clerk and Treasurer to Assistant MOH, 13/11/1918; MBL 4/3/1/40, file 110/1/17/4B: Town Clerk and Treasurer to Hon. Secretary Hospital Committee Wepener, 20/11/1918; MBL 4/3/1/42, file 101/5/3: Minutes of Meeting of Public Health Committee, 6/11/1918, p.IV.

137. The Friend, 6/11/1918, p.3; OFSA: MBL 4/3/1/40, file 101/1/17, Town Clerk and Treasurer to Auctioneers, 29/10/1918.

138. The Friend, 8/11/1918, p.2; OFSA: MBL 4/3/1/40, file 101/1/17, Town Clerk and Treasurer to Acting MOH Bloemfontein, 7/11/1918.

town's dairies were given a thorough cleaning,¹³⁹ spitting in public places (especially by convalescents) was discouraged¹⁴⁰ and citizens were warned, on pain of a heavy penalty, to notify the authorities immediately of any fresh cases of influenza.¹⁴¹ Reports of smells from the cemeteries were quickly investigated and found to be false,¹⁴² while the appearance of swarms of flies occasioned an energetic campaign against them. The Friend was only venting the strain, anxiety and tension in the air when it declared stridently that,

'if a recrudescence of the influenza epidemic is to be avoided, every citizen of Bloemfontein must co-operate with the municipal authorities in eradicating living flies by every weapon that is available, but more important still, wipe out the breeding places in stables and backyards.'¹⁴³

A very close watch was kept on the locations for signs of a recurrence and on 2-3 November a thorough census was undertaken there by the Municipality to discover any remaining cases so that they could be treated 'and so prevent any chance of a recrudescence'.¹⁴⁴ At the more distant Kaffirfontein location a special Epidemic Superintendent was appointed to report any new cases, attend to serious ones and generally help in the campaign of disinfection.¹⁴⁵

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139. OFSA: Bloemfontein Minutes of Public Health Committees, 1917-1919, Food Inspection and Dairy Reports for October 1918 (attached to Minutes of 6/11/1918 Meeting).
140. The Friend, 30/10/1918, p.4.
141. The Friend, 30/10/1918, p.4; 6/11/1918, p.3.
142. OFSA: Bloemfontein Minutes of Public Health Committees, 1917-1919, Minutes of Meeting 22/11/1918, p.I.
143. The Friend, 1/11/1918, p.5. For details of the campaign see The Friend, 1/11/1918, p.4 and OFSA: MBL 4/3/1/41, file 101/2/2, Town Clerk and Treasurer, Bloemfontein to Cape Province Entomologist, 7/11/1918; Interview with Mr S Daubney.
144. The Friend, 2/11/1918, p.4; OFSA: MBL 4/3/1/40, file 101/1/17, Minutes of Special Meeting of Town Council Native Affairs Committee, 1/11/1918, p.I.
145. OFSA: MBL 4/3/1/40, file 101/1/17, Town Clerk and Treasurer to A Ramanti, 6/11/1918.

At a stroke, 'Black October' had shattered the fondly-held belief that Bloemfontein was a model town, healthy and without slums. It had called into question one of the few sources of the town's post-Union civic pride and self-esteem and had left it shocked and chastened by its impact. 'The whole thing was an outrage on the sense of the fitness of things and against humanity', declared The Friend indignantly.¹⁴⁶ How could it be that other towns like Pietermaritzburg and Port Elizabeth which paid far less attention to public health had had a lower mortality rate, asked The People's Weekly incredulously. It went on:

'Here we have a high and healthy climate, perfect drainage and a water-borne sewerage system, advantages which neither of the towns in question enjoys. Maritzburg and Port Elizabeth, moreover, have a large Asiatic and coloured population living under conditions much more unhealthy than those in our model location, and they are not without slums every whit as bad as any in Bloemfontein.'¹⁴⁷

Experience during the epidemic convinced many that, even if slums were not wholly to blame for Bloemfontein's high death-toll, they had contributed materially to it. In poor, overcrowded areas the mortality-rate among Whites had been two to three times that of the rest of the city.¹⁴⁸ If nothing else, noted The Friend, the existence of these slums had 'added largely to the labour of combatting the disease.'¹⁴⁹ It reminded its readers that these unhealthy conditions had been overlooked

'until a raging visitation accentuates the evil and enmeshes the whole community in a common calamity as a reminder of a common duty and responsibility that is entailed upon all alike for the maintenance of universal rules of health and hygiene'.¹⁵⁰

146. The Friend, 23/11/1918, Editorial.

147. People's Weekly, 2/11/1918, Editorial. The belief that Bloemfontein had a 'model location' was widely held, even by leading Blacks - see p.150 below.

148. PHSW Survey, p.3.

149. The Friend, 23/11/1918, Editorial.

150. The Friend, 29/10/1918, Editorial.

Though slum-dwellers might constitute only a small minority of Bloemfontein's Whites (less than 20% according to figures presented to the Influenza Epidemic Commission),¹⁵¹ the 'flu had sharply underlined that, in the words of the Town Clerk, 'the poor take toll of the rich for the evil conditions under which they exist'.¹⁵² 'While one section of the community, however small, is permitted to grow up in ignorance of the laws of physical well-being, and continue to dwell in unhealthy conditions, and surroundings,' argued The Friend, 'it means that the whole community lives on the edge of a volcano; an eruption will come sooner or later to involve all in disaster.'¹⁵³

With fear of a second visitation widespread, urgent action was believed to be essential. Even before the end of October, the lines along which some minds in the Municipality were working were indicated in official and semi-official statements in The Friend. On 24 October the Mayor urged the town to learn from the 'flu episode 'for securing better and safer conditions of living',¹⁵⁴ while next day a report declared:

'We trust that this calamity may not be allowed to pass without us making the catastrophe the occasion of a definite step forward in our civic life. While the impulse is warm, it would be good for each one to frame his or her own suggestion for an improved state of affairs whereby the people may secure better lives and stronger constitutions, enabling them better to stand any attacks in future.'¹⁵⁵

It is clear that men such as J P Logan (joint Town Clerk and Treasurer), Councillor Arthur Barlow (Chairman of the Housing Committee) and Councillor W M Barnes (Chairman of the Public

151. IEC: Logan, Attached Table.

152. Municipal Journal of South Africa, January 1919, p.34.

153. The Friend, 29/10/1918, Editorial.

154. The Friend, 24/10/1918, p.4.

155. The Friend, 25/10/1918, p.4.

Health Committee) realized that 'Black October' had created a uniquely favourable climate for their long-cherished ideas on reform to be put forward and accepted. 'The citizens were,... shocked at the revelation of slums and degradation disclosed by the 'Flu', explained Logan; there prevailed a 'spirit of service to the community,...which made the world wonder.'¹⁵⁶ It was an opportunity not to be missed.

By the middle of December 1918, with the assistance of the two councillors, Logan had drafted A Public Health and Social Welfare Survey of Bloemfontein, focussing on the town's Whites. (A further report dealing with its Blacks was promised, but does not seem to have been compiled). This Survey traced the epidemic's unexpectedly high toll in the town beyond the existence of slums to the persistent poverty of body and mind of its Poor Whites. 'South Africa cannot be free from formidable epidemics and undermining diseases unless it prevents the "poor white"...', it asserted. 'Before we can expect anyone to exercise the laws of hygiene adequately, he must have the necessities of life.'¹⁵⁷ To secure these (and thereby eradicate Poor Whiteism in Bloemfontein) it proposed a comprehensive programme of quite radical local reforms, going well beyond health and housing, in which, not surprisingly, the Municipality was assigned a leading role. The 'community is responsible for the rehabilitation of families which have sunk below the poverty line and for the prevention and cure of the causes of poverty' believed Logan.¹⁵⁸

156. Child Welfare Conference: Report of Proceedings of 3rd Annual Conference, 1919, p.24.

157. PHSW Survey, p.4.

158. OFSA: MBL 4/3/1/43, file 101/6/4, Town Clerk and Treasurer to Chairman Local Government Commission, 19/12/1919. The reforms proposed in the Survey included greater local autonomy for the Municipality, a comprehensive city plan, the establishment of a Municipal Social Welfare Department, the erection of workmen's cottages, the eradication of slums and overcrowding, the economic and educational upliftment of the town's Poor Whites, measures to improve their health and the expansion of medical facilities (see PHSW Survey, p.23 for a list of these reforms).

For its time and place the Survey was a remarkably advanced document, owing much to Logan's knowledge of civic-led social reform overseas. 'The merit, if any,' he wrote, 'is in the adaptation to South African conditions and welding the various parts into a practical working organisation.'¹⁵⁹ Although The People's Weekly believed that its aims fell 'well within the purview of State socialism',¹⁶⁰ it won widespread praise and commendation. 'Bloemfontein is congratulated on once more giving the Union a lead', exulted The Friend.¹⁶¹ The Town Council was equally enthusiastic, delighted, no doubt, that once again the town was living up to its reputation for progressiveness. Not only did it have The Friend print the Survey unabridged for public comment,¹⁶² but it also put it into pamphlet form for free country-wide distribution.¹⁶³ Reflecting on the consequences of the 'flu episode, The Friend wrote:

'The immediate result has been a stimulating of the public conscience in the direction of long-delayed social reforms. Schemes are now under consideration which were regarded yesterday as the dreams of impracticable visionaries, and to-day are demanded as urgent necessities.'¹⁶⁴

A few days later it noted that nowadays, 'ordinary, steady, conservative municipal administration is no longer sufficient to meet the new spirit. There is in the air an imperative demand for something to be added day by day..... Councillors are asked in resentment why is not this or that reform carried out,...'¹⁶⁵

159. OFSA: MBL 4/3/1/42, file 101/5/3, Town Clerk and Treasurer to Assistant Editor, 'The Star', 30/12/1918.

160. People's Weekly, 11/1/1919, Editorial.

161. The Friend, 4/1/1919, p.4.

162. The Friend, 23/12/1918 and subsequent editions.

163. OFSA: MBL 4/3/1/43, file 101/6/4, J P Logan to Dr J E Holloway, 5/2/1919.

164. The Friend, 3/1/1919, Editorial.

165. The Friend, 6/1/1919, p.4.

Logan was hard-headed enough to know that a favourable response to the Survey was only the start. 'I only hope that after the notice that has been taken that we shall now make good with the scheme itself', he wrote to a friend early in 1919. 'It would be an awful thing to get the reputation of being only talkers.'¹⁶⁶

Given the prodigious nature of the reforms outlined, it was almost inevitable that their implementation would be less than full. Already in February 1921 Logan was lamenting: 'We badly need a new impulse,...the enthusiasm created after the 'Flu having died away.'¹⁶⁷ Yet, during the interwar decades Bloemfontein far outstripped other towns in South Africa, with its carefully formulated social, economic and administrative reforms. A visiting British authority on local government wrote admiringly in 1925 that, with regard to social welfare, 'here again Bloemfontein goes far beyond the conventional limits of municipal concern for the public health'.¹⁶⁸ Three years earlier, the Secretary for Public Health, Dr J A Mitchell, had nothing but praise for the 'very valuable pioneer work ... done by the Municipality of Bloemfontein who, in this direction, had probably done more than any other municipality in South Africa.'¹⁶⁹

The Survey had identified housing the poor as 'the most pressing need of the hour'¹⁷⁰ after the epidemic's revelations, and, following its recommendations, Bloemfontein tackled this problem from two directions. Early in 1919 it began a scheme to buy up slum properties, upgrade them and then ensure that they were maintained in this condition.¹⁷¹ In this way it aimed to abolish slums completely, as it would eventually control all the cheapest accommodation in town itself.¹⁷² (Such an idea was only feasible

166. OFSA: MBL 4/3/1/43, file 101/6/4, J P Logan to Dr J E Holloway, 5/2/1919.

167. OFSA: MBL 4/3/1/43, file 101/6/5, Town Clerk and Treasurer to M C Elliot, 17/2/1921.

168. W H Dawson: South Africa - People, Places and Problems, p.246.

169. OFSA: PAS 791, file 3042 no. 1, Minutes of 17th Congress of OFS Municipal Association, 1922, p.52.

170. PHSW Survey, p.3.

171. OFSA: PAS 384, file 633/105, Town Clerk and Treasurer to Provincial Secretary, 30/4/1919.

172. PHSW Survey, pp.5-6.

as Bloemfontein's slums were far less extensive than those in the larger industrial cities).

Progress towards this goal was slow. Late in 1922 press exposés about the town's 'submerged tenth' were still common - one wondered 'whether the lesson of the dread epidemic of 1918 has not been forgotten'¹⁷³ - while in 1926 the Mayor reported with disappointment, 'Daar is nog honderde huisgesinne wat in agter plaas kamers onder onhygieniese toestande leef.'¹⁷⁴

A more conventional approach to the problem was to construct houses. Taking advantage of its ownership of considerable tracts of land, the Municipality extended its existing building-programme substantially. 'A scheme for better housing had been under consideration for some time past,' the Mayor told the Influenza Epidemic Commission, 'and the epidemic had hastened the urgency of the matter.'¹⁷⁵ By the time that the 1920 Housing Act supplied a new source of funds for housing (which Bloemfontein was quick to tap¹⁷⁶), the Municipality had already taken action in a variety of ways: 24 cottages intended for 'Coloureds' at Uitkoms had been hastily allocated to Poor Whites occupying the worst slums;¹⁷⁷ a 60 cottage scheme in Monument Road for

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173. OFSA: MBL 4/4/1/63, file 105/1/22, Undated clipping from Cape Argus. See too *ibid.*, translated extract from Die Volksblad.
174. OFSA: Bloemfontein Mayor's Minutes 1919-20 to 1935-6, Notule van die Burgermeester 1925-1926, p.6.
175. IEC: vol. 1, file 5: Evidence of D A Thomson, p.2.
176. OFSA: MBL 4/3/15, file 21/4/3 vol. 2, Mayor's Minute for 1920-1921, p.3; OFSA: Bloemfontein Mayor's Minutes 1919-20 to 1935-6, Mayor's Review of Civic Year 1921-1922, p.3; Municipality of Bloemfontein: Abstract of Treasurer's Accounts for Year Ending 31/3/1921, p.110 and Abstract of Treasurer's Accounts for Year Ending 31/3/1922, p.122; Union of South Africa: Report of the Central Housing Board for 1920, UG 25-'21, p.2 and Report of the Central Housing Board for 1925, UG 19-'26, p.3.
177. OFSA: Bloemfontein Mayor's Minutes 1919-20 to 1935-6, Mayor's Minute 1923-4, p.6; Union of South Africa: Report of the Housing Committee to Inquire into Matters Concerning Housing Accommodation in Urban Areas and the Amendment of the Unhealthy Areas Bill, UG 4-'20, para. 42. When it came to restoring these houses to 'Coloureds' in 1923, the Town Council jibbed and instead established the 'Coloured' township

hire-purchase by workmen was well advanced;¹⁷⁸ the Department of Defence had been persuaded to let (at reasonable rentals) more than 100 houses at Tempe, which it no longer needed¹⁷⁹ and the Railways had been encouraged to provide housing for its employees.¹⁸⁰ Moreover, when in 1921 the Central Housing Board had to halt its financial assistance temporarily, Bloemfontein did not cease its activity. It turned to the private sector and raised a very large loan from South African Mutual (at 2% more than had been available from the Central Housing Board) to enable it to continue its assistance to intending home-builders.¹⁸¹ The Municipality even tried to cater for those who required only single accommodation by converting a building it had bought into a hostel for young working women.¹⁸² ✓

This energetic activity to provide houses arose not merely from the need to overcome the existing lack of suitable accommodation. The shortage was constantly being increased by the migration of Poor Whites to Bloemfontein, despite the Municipality's efforts

at Heatherdale, where it has remained until to-day, under its later name, Ashbury. (See OFSA: MBL 4/5/1/27, file 25/32/24).

178. OFSA: MBL 4/3/1/5, file 21/4/3 vol. 2, Mayor's Minute for 1919-1920, p.9; Mayor's Minute for 1920-1921, p.3; OFSA: PAS 385, file 633/121, Extract from Minutes of Meeting of Town Council, 17/3/1920; Municipality of Bloemfontein: Abstract of Treasurer's Accounts for Year Ending 31/3/1920, p.106; UG 4-'20, para. 42; Rand Daily Mail, 30/11/1920.
179. OFSA: MBL 4/3/1/5, file 21/4/3 vol. 2, Mayor's Minute for 1919-1920, p.9; Architect, Builder and Engineer, July 1919, p.24.
180. OFSA: MBL 4/3/1/5, file 21/4/3 vol. 2, Mayor's Minute for 1919-1920, p.9; Mayor's Minute for 1920-1921, p.3; OFSA: Bloemfontein Mayor's Minutes 1919-1920 to 1935-1936, Mayor's Review of Civic Year 1921-1922, p.4; Rand Daily Mail, 30/11/1920
181. OFSA: Bloemfontein Mayor's Minutes 1919-1920 to 1935-1936, Mayor's Minute 1922-1923, pp.2-3.
182. OFSA: MBL 4/3/1/5, file 21/4/3 vol. 2, Mayor's Minute for 1920-1921, p.9.

to prevent this.¹⁸³ Paradoxically, the town's attractiveness to them lay in its reputation of caring for its inhabitants. In his report for 1918 the Secretary for Mines and Industries observed:

'Unfortunately the good work being done here is becoming widely known with the result that large numbers are flocking to that town as they regard it as "n goeie plek vir arme mense".¹⁸⁴

Yet, notwithstanding this influx, it is clear that the Municipality's various schemes improved the housing position for Whites markedly. The town 'was far in advance of any other centre and the Housing Board was much encouraged by Bloemfontein's progressive programme', a member of the Board told a reporter in December 1920, adding, 'They were going about things in the right way.'¹⁸⁵ Five years later, Logan himself was able to say that the housing situation was 'to-day...much easier'.¹⁸⁶

However, the drive to eradicate Poor Whiteism in Bloemfontein had to go beyond housing if it was to succeed. Poverty itself had to be tackled. It was the 'root cause of slums' declared the Survey and was 'the result of low wages, ignorance and drink and no work. If we cannot remove the root causes,' it concluded, 'we shall find ourselves travelling in a vicious circle,...'¹⁸⁷ A number of measures to remedy these underlying causes was outlined in the

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183. OFSA: MBL 4/3/1/43, file 101/6/4, Burgermeester to Die Redaksie, De Vriend des Volks, 4/4/1919; Town Clerk and Treasurer to Superintendent of White Labour, 26/3/1919; Inspekteur van Blanke Arbeid, Bloemfontein, to Supt en Hd Insp van Blanke Arbeid, Pretoria, 14/6/1919; Superintendent and Chief Inspector of White Labour to Town Clerk Bloemfontein, 3/7/1919; Town Clerk and Treasurer to Superintendent and Chief Inspector of White Labour, Pretoria, 14/7/1919.
184. Union of South Africa: Annual Report of Secretary for Mines and Industries for 1918, UG 38-'19, p.8.
185. The Star, 29/12/1920.
186. OFSA: MBL 4/6/1/47, file 27/1/25, Town Clerk to Mrs D Anderson, 2/10/1925.
187. PHSW Survey, p.11.

Survey,¹⁸⁸ and, in the wake of 'Black October', several were implemented.

To provide additional income for Poor White women, the Municipality purchased a steam laundry and staffed it with 40-50 Poor Whites in place of the 60 Black employees who had worked there;¹⁸⁹ relief labour was arranged for 35 disabled men¹⁹⁰ and donations to local charitable institutions were doubled.¹⁹¹ To break the parent-to-child cycle of poverty, special attention was paid to child welfare - 'once get the children out of their slum environment and teach them to think healthily, progressively and ambitiously,' argued the Survey, 'and you have gone far to solve your poor white problem'.¹⁹² Thus, particular support was given to the Child Welfare Society,¹⁹³ a creche was opened,¹⁹⁴ a play centre was established in one of the poorer districts,¹⁹⁵ the town's Assistant MOH undertook the medical inspection of local schools,¹⁹⁶ school-feeding was begun¹⁹⁷ and milk was supplied free to needy pre-school children and expectant mothers.¹⁹⁸

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188. The Municipality subsequently expanded on these in a separate pamphlet for application nation-wide, The Combating of Poverty: A Suggested Programme (Bloemfontein Social Welfare Department, 1919?).
189. OFSA: MBL 4/3/1/5, file 21/4/3, vol. 1, Mayor's Minute for 1918-1919, p.3; MBL 4/3/1/5, file 21/4/3, vol. 2, Mayor's Minute 1919-20, p.9; MBL 4/3/1/43, file 101/6/4, Town Clerk and Treasurer to Superintendent of White Labour, Pretoria, 26/3/1919.
190. OFSA: MBL 4/6/1/47, file 27/1/25, Town Clerk to Mrs D Anderson, 2/10/1925.
191. Ibid.
192. PHSW Survey, p.13.
193. OFSA: MBL 4/6/1/47, file 27/1/25, Town Clerk to Mrs D Anderson, 2/10/1925.
194. OFSA: MBL 4/3/1/5, file 21/4/3 vol. 2, Mayor's Minute 1919-1920, p.10; Bloemfontein Minutes of Public Health, Markets, Housing and Social Welfare Committee 1921-1922, Report of Lady Health Visitor for 1920-1921, p.2 (attached to Minutes of Meeting 22/4/1921); MBL 4/5/1/28, file 27/2/23, Hon Secretary and Treasurer Bloemfontein Creche to Mayor Bloemfontein, 13/4/1923; and Hon Secretary and Treasurer Bloemfontein Creche to J P Logan, 5/5/1924.
195. OFSA: MBL 4/6/1/47, file 27/1/25, Town Clerk to Mrs D Anderson, 2/10/1925.
196. Ibid.
197. Ibid.
198. OFSA: MBL 4/3/1/43, file 101/65, Town Clerk and Treasurer to Town Clerk Oudtshoorn, 28/8/1920.

To administer all these schemes a municipal Social Welfare Department was created under the Council's Housing Committee, now renamed the Social Welfare Committee.¹⁹⁹ Provision was also made for a Director of Social Welfare, but in the absence of a suitable candidate,²⁰⁰ it eventually fell to the MOH and his assistant to direct the programme.²⁰¹

The 'flu episode had also revealed other deficiencies in Bloemfontein's public health system and the Municipality acted to rectify these in the ensuing years. In 1921 the first full-time MOH and a female Assistant MOH were appointed,²⁰² to be followed by an additional health visitor soon afterwards.²⁰³ A modern motor-ambulance was purchased,²⁰⁴ but the up-to-date, new hospital sought by the Municipality after the 'flu²⁰⁵ was not built by the Provincial authorities until 1933.

The Municipality also believed that one of the prime lessons of the epidemic was that it should be even more zealous in sanitary matters. Early in 1919, for instance, it responded rapidly to objections against the presence of a commercial cattleyard in a residential area by buying the site and demolishing the yard;²⁰⁶

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- 199. OFSA: MBL 4/3/1/43, file 101/6/4, Extract from Minutes of Town Council Meeting, 12/5/1919.
 - 200. OFSA: MBL 4/3/1/43, file 101/6/4, Town Clerk and Treasurer to H E Norman, 2/10/1919; and Extract from Minutes of Town Council Meeting, 14/4/1921.
 - 201. OFSA: Bloemfontein Mayor's Minutes 1919-20 to 1935-6, Mayor's Review of the Civic Year 1921-1922, p.7.
 - 202. OFSA: Bloemfontein Mayor's Minutes 1919-20 to 1935-6, Mayor's Review of Civic Year 1921-1922, p.6.
 - 203. OFSA: MBL 4/6/1/47, file 27/1/25, Town Clerk to Mrs D Anderson, 2/10/1925.
 - 204. The Friend, 14/10/1919, p.6; OFSA: MBL 4/3/1/45, file 102/1/11D, Firemaster to J P Logan, 17/5/1921.
 - 205. OFSA: MBL 4/3/1/5, file 21/4/3, vol. 1, Mayor's Minute for 1918-1919, p.4.
 - 206. OFSA: PAS 384, file 633/105, Town Clerk and Treasurer to Provincial Secretary, 30/4/1919.

significantly, in their petition against the yard, the residents had emphasized that they felt that, 'when an epidemic makes its appearance in the city - as was unfortunately the case in October last - the presence of these stock yards is a positive danger to the health of the community,...'²⁰⁷ The following year it took over those sanitary services still in the hands of private contractors²⁰⁸ and in 1924 the Mayor proudly announced that all of White Bloemfontein was now connected to the water-borne sewerage system, 'a condition that prevails in few other towns', he added with obvious satisfaction.²⁰⁹ The vigilance of Bloemfontein's sanitary inspectors became a byword - one councillor referred to the town's 'martial law of sanitation'²¹⁰ - and its reputation for cleanliness widespread. In one of her better poems, Miss King characterized this feature with gentle humour, observing,

'If Cleanliness
Be next to Godliness
Our little town
Has a short way to go
To win the shining prize.'²¹¹

The absence of Bloemfontein's Blacks from the Survey's considerations is a fair reflection of how they were viewed by the Municipality. Linked to White Bloemfontein by their labour, yet apart from it in their private lives, they were held to require quite different treatment. Attempts to deal with their problems highlighted by the 'flu lacked the intensity of effort evident in the schemes to uplift the town's Poor Whites. Yet, the Municipality was clear-sighted enough to appreciate one of 'Black October's' major lessons: that the health of the two sectors of the town was

207. OFSA: MBL 4/3/1/41, file 101/2/3, sub-file A, Petition to Mayor and Town Councillors, 17/2/1919.

208. OFSA: MBL 4/3/1/5, file 21/4/3 vol. 2, Mayor's Minute for 1920-1921, p.8.

209. OFSA: Bloemfontein Mayor's Minutes 1919-20 to 1935-6, Mayor's Minute 1923-1924, p.3.

210. The Friend, 20/7/1922.

211. 'Our Streets' in E L M King and M Littlewood: Bloemfontein - An Impression in Verse (Bloemfontein, 1919).

inextricably linked. In his Minute for 1919-20 the Mayor spoke of the Location, 'where so much disease must perforce originate and be communicated to town', and added:

'We are convinced that we shall never have a satisfactory solution of our sickness and public health difficulties among the white population until we have adequately dealt with the serious disease conditions of the natives.'²¹²

In short, self-protection, overlaid with a feeling of duty to the 'less civilized', was the major factor shaping Municipal policy to Bloemfontein's Blacks.

Already before October 1918 a new location (subsequently named Batho) was being planned to replace Waaihoek and its smaller adjuncts. The virulence of the epidemic in the locations strengthened the Council's resolve 'that the standard of housing there shall be much in advance of previous native houses',²¹³ and in the ensuing years it expanded its policy of assisting intending house-builders with loans, material or basic labour.²¹⁴ This procedure attracted favourable attention from the Central Housing Board²¹⁵ and in 1922 it granted Bloemfontein's application for £20 000 for Black housing in terms of the Housing Act.²¹⁶ However, no provision was made for the replacement of the old system of sewage-removal by pail.²¹⁷

212. OFSA: MBL 4/3/1/5, file 21/4/3 vol. 2, Mayor's Minute for 1919-1920, pp.5,7.

213. OFSA: MBL 4/3/1/5, file 21/4/3 vol. 1, Mayor's Minute for 1918-1919, p.10. See too Union of South Africa: First Report of the Select Committee on Native Affairs, SC 3-'23, p.84.

214. UG 4-'20, para. 43; Union of South Africa: Report of Central Housing Board for 1921, UG 13-'22, para. 35; Johannesburg Municipality: Council Minutes, July-December 1919, p.556 (Report of Delegation re Native Housing); OFSA: MBL 4/3/1/43, file 101/6/4, Town Clerk and Treasurer to Dr Macvicar, 28/6/1919; MBL 4/3/1/74, file 161/1/10, Town Clerk and Treasurer to G Hills, 27/5/1920; Bloemfontein Mayor's Minutes 1919-20 to 1935-6, Mayor's Review of Civic Year 1921-1922, p.13 and Mayor's Minute 1922-1923, p.7; MBL 4/4/1/47, file 45/14/22, MOH Bloemfontein Report for 1921-1922, p.25.

215. UG 13-'22, para. 35.

216. OFSA: Bloemfontein Mayor's Minutes 1919-20 to 1935-6, Mayor's Minute 1922-1923, p.7.

217. UG 13-'22, para. 35; OFSA: MBL 4/4/1/47, file 45/14/22, MOH Bloemfontein Report for 1921-1922, p.24.

The struggle against the 'flu in the locations where there had been, in the Mayor's words, an 'extraordinary collapse of the population',²¹⁸ convinced the Municipality that the maintenance of public health in these areas had to be put onto a more effective footing. The District Surgeon, a Black nurse, a sanitary inspector and his Black assistant (the latter was appointed in the wake of the epidemic²¹⁹) could hardly be expected to care for the health of 16 000 people adequately. Gradually the Municipality increased its complement of health workers, until in 1925 an assistant MOH was appointed with special responsibility for the locations.²²⁰ At the same time, a clinic was built in Batho to replace the one in Waaihoek²²¹ which had been opened in July 1920 with three town doctors providing their services voluntarily.²²² It is a mark of the importance which the Municipality attached to health in the locations after the epidemic that it had allowed the clinic to be sited in Waaihoek, even though its days were already numbered. Indeed, when the Council's Public Health Committee threatened to delay a decision on the clinic, the Deputy Mayor expedited matters appreciably with a reference to the likelihood 'that the Influenza Epidemic would again appear in this country. He referred to the news in the papers to the effect that it had already broken out in Great Britain.' Thereupon, the Committee hastily agreed to spend £150 to set up such a clinic.²²³ However, with regard to a separate hospital for Blacks, even the experience of 'Black October' could not spur the Provincial Administration to decisive action.²²⁴

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- 218. OFSA: MBL 4/3/1/5, file 21/4/3 vol. 1, Mayor's Minute for 1918-1919, p.10.
 - 219. OFSA: Bloemfontein Native Affairs Committee Minutes 1917-23, Minutes of Meeting, 28/11/1918, p.3.
 - 220. OFSA: Bloemfontein Mayor's Minutes 1919-20 to 1935-6, Mayor's Minute 1924-1925, p.6; D H Pfeiffer: 'The Health Services of a City' in Public Health, vol. 15 (January 1950), p.23.
 - 221. OFSA: MBL 4/6/1/44, file 25/17/25, Extract from Special Meeting of Public Health, Market and Social Welfare Committee, 15/6/1925.
 - 222. OFSA: Bloemfontein Minutes of Public Health and Market Committee 1920-1921, Minutes of Meeting 27/7/1920, p.2; Bloemfontein Native Affairs Committee Minutes 1917-23, Minutes of Meeting 14/3/1921, p.2.
 - 223. OFSA: Bloemfontein Minutes of Public Health Committee 1919-20, Meeting 3/2/1920, p.3.
 - 224. OFSA: PAS 511, file 848 Part 1, Provincial Secretary to

A further shortcoming which the 'flu had underlined - the paucity of reliable vital statistics about Bloemfontein's Black population, which made gauging the state of its health guesswork - does not seem to have been remedied for many years,²²⁵ despite several attempts to do so by the Council.²²⁶

The longer-term responses of Black Bloemfonteiners to the 'flu episode are difficult to specify in any detail as evidence is thin. While some of those who survived did little more than crow about their strength with the boast, 'We are seasoned ox hides',²²⁷ a few tried to understand why the mortality in the locations had been so high. The young Selby Msimang concluded that it was not only poor housing and inadequate sanitary arrangements which were to blame; low wages and the consequent malnutrition were also responsible. They 'were not getting such a wage or getting enough means to build up their physical powers sufficient to resist epidemics of this kind', he told the Influenza Epidemic Commission.

He went on:

'He considered that the only salvation would be to place the native people in such a position by means of better wages and good living as he could guarantee sufficient nourishment to bring up his children properly.'²²⁸

With these words, spoken in the heart of White Bloemfontein in January 1919, Msimang outlined the basis of the campaign which was to lead to his arrest and the '4/6 riots' of February and March.²²⁹

Secretary Bloemfontein Hospital Board, 9/3/1920; and Secretary Bloemfontein Hospital Board to Provincial Secretary, 19/3/1920; PAS 106, file 191 C, OFS Hospital Commission of Enquiry 1921, para. 42.

- 225. D H Pfeiffer, 'The Health Services of a City', p.23.
- 226. OFSA: Bloemfontein Native Affairs Committee Minutes 1917-23, Minutes of Meeting 28/11/1918, p.3; Bloemfontein Minutes of Public Health Committee 1919-20, Meeting 21/1/1920, p.2; MBL 4/3/1/74, file 161/2/3, Extract from Town Council Minutes, 9/2/1920.
- 227. B L Leshoai: 'Mahlomola' in R Harvey (ed.): Six Short Stories, p.36.
- 228. IEC, vol. 1, file 5: Evidence of H S Msimang and J Twaye, p.1.
- 229. K Schoeman: Bloemfontein, pp.280-1.

Yet, it is illuminating of the Town Council's concern about the high 'flu toll among Blacks that, despite sharp criticism of Msimang's conclusions by The Friend²³⁰ and some councillors,²³¹ it had begun discussions with the Native Advisory Council about raising Black wages even before the riots.²³²

It comes as no surprise, therefore, to discover that in post-war South Africa Bloemfontein was able to add to its reputation as a progressive town by virtue of what Sol Plaatje called its 'model location'.²³³ 'Bloemfontein...offers an example to be followed with regard to the treatment of its Native community', wrote C R Moikangoa, co-editor of South African Outlook in 1922.²³⁴ Such praise was only relative, however; that Bloemfontein had no near rival is as much a strong indictment of conditions in other South African towns as it is a tribute to Bloemfontein's progressiveness. Bloemfontein certainly felt that it had set the pattern for the country to follow. In 1923 the Mayor pointed out the indebtedness to Bloemfontein of the framers of the Natives (Urban Areas) Bill then before Parliament, and shortly to become law:

'The Bill practically adopts in toto the principles and practice that has [sic] been evolved during the past 10 years in providing decent surroundings and sanitary homes for our native citizens.'²³⁵

230. The Friend, 14/1/1919, Editorial.

231. OFSA: Bloemfontein Native Affairs Committee Minutes 1917-23, Minutes of Meeting, 13/1/1919, p.3.

232. OFSA: Bloemfontein Native Affairs Committee Minutes 1917-23, Minutes of Special Meeting, 18/2/1919.

233. Quoted in K Schoeman: Bloemfontein, p.286.

234. OFSA: MBL 4/4/1/37, file 25/3/22, C R Moikangoa to J P Logan, 5/1/1922.

235. OFSA: Bloemfontein Mayor's Minutes 1919-20 to 1935-6, Mayor's Minute 1922-1923, p.8.

It would not be accurate to trace Bloemfontein's municipal-led reformism solely to its experiences during 'Black October'. Ideas, enthusiasm and the problems themselves had all been germinating since the end of the Anglo-Boer War, while the financial means to implement these schemes had grown steadily too. What the 'flu episode did, however, was to trigger reform and, in so doing, to exercise considerable influence on its shape, pace and direction. As the Mayor told the Influenza Epidemic Commission, ✓

'Bloemfontein had long had such a scheme in contemplation, but the experience in the epidemic had hastened matters and stimulated public opinion, which was now ripe for these reforms.'²³⁶

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236. Cape Times, 11/1/1919, p.7.

CHAPTER 5

THE TRANSKEI¹

It was primarily by way of South Africa's extensive rail system that the Spanish 'flu was spread to the predominantly Black rural areas of the country. In this process the main carriers were probably from two groups: the over 2 700 South African Native Labour Corps troops among whom influenza had broken out on the return-voyage from Europe and who had left for their homes all over the country on five trains from Cape Town between 16 and 30 September;² and those Black workers hastening home from seriously infected centres like Cape Town, Port Elizabeth and Kimberley.³ Since the return of a batch of the Native Labour Corps troops in

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1. The focus of this chapter is on the Transkei, as a case-study of the impact of the epidemic in the predominantly Black rural areas of South Africa. My limited in-depth re-research on the impact in other such areas (some of it included in this chapter for comparative purposes) suggests that the epidemic had similar effects there. I chose to concentrate on the Transkei because of the relative richness and accessibility of source-material relating to it. The impact of the epidemic on rural Whites is briefly referred to elsewhere in this thesis. (See ch. 6, pp.208-209, ch. 10, pp.343, 350 and ch. 11, p.405.)
 2. Union of South Africa: Report of the Influenza Epidemic Commission, UG 15-'19, paras. 31-35 and Appendix B. See too ch. 2, pp.25-26.
 3. See ch. 1, pp.19f and ch. 3, p.102; Cape Archives (hereafter CACT): 1/EDL 6/1/13, file 28/1B, Telegram from Magistrate Elliotdale to Chief Magistrate of the Transkei (hereafter CMT), 14/10/1918; 1/WVE 3, file 28, Station Master, Rosmead to Magistrate Willowvale, 12/10/1918; 1/UTA 6/1/218, file 28, vol. 8, Town Clerk Umtata to Magistrate Umtata, 28/10/1918; Central Archives, Pretoria (hereafter CA): SAS 719, file G 119/5, Telegram from Paterson to Hoy, 14/10/1918; IEC, vol. 2, file 6: Evidence of A H Pagan, p.1; Territorial News, 17/10/1918, Editorial; Transkeian Gazette, 24/10/1918, Editorial; Cape Times, 6/11/1918, p.8; St Matthews College Magazine, Special Supplementary Number, 12/11/1918, p.2; Interview with Mr B Moehi.

the first week of the month, reported the Magistrate of Tsolo on 16 October, 'sickness has become rife amongst both races in village and country and people are being brought in to local doctor by wagon and sledge loads....'⁴ At the same time, Black workers in various stages of infection were arriving home, with devastating effect. One such man from Cape Town, 'evidently suffering from influenza', went to an intonjane (initiation) dance at a kraal near the Kei. 'In less than a week 28 of the young men who attended the dance, were dead and buried', reported a local newspaper.⁵

As fresh cases multiplied and reports came in of homebound Blacks taking ill and dying on trains or on the road,⁶ local authorities began to appreciate the enormous danger which the disease posed to them and the inhabitants of their medically deficient districts. Consequently, some tried to stem the tide engulfing them by pressing the Government to bar all Black train-passengers⁷ or at least to

4. CA: 1/TSO 11, file 485(1), Telegram from Magistrate Tsolo to CMT [16/10/1918].

5. Daily Dispatch, 4/11/1918, p.4.

6. CA: SAS 719, file G119/5, Telegrams from Station Master, Naaupoort to SAR, Johannesburg, 12/10/1918, and from Divisional Superintendent, Port Elizabeth to SAR, Johannesburg, 19/10/1918; Clipping from Grahamstown Journal, 24/10/1918; CACT: 1/EDL 6/1/13, file 28/1 B, Telegram from Magistrate Elliotdale to CMT, 14/10/1918; 4/KWT 4/1/19 no. 42, A P Dallas to Magistrate Kingwilliamstown, 23/10/1918; SADF Archives: Melle to Orenstein, 1/12/1918; IEC, vol. 1, file 4: Evidence of J B Moffat, p.1; vol. 2, file 6: Written Statement by J Adams, p.3, and Written Evidence by T W Halliwell, p.4; vol. 2, file 8, part 2: Evidence of W Stuart, pp.4, 6; Territorial News, 17/10/1918, Editorial; 12/12/1918; Transkeian Gazette, 24/10/1918, Editorial; The Star, 8/11/1918 (Letter from D H Poole); De Burger, 25/10/1918, p.2; 28/10/1918, p.3; 11/11/1918, p.3 (Letter from J J Claasen). See too ch. 1, pp.19-20.

7. CA: SAS 719, file G119/5, passim; CACT: 3/UIT 28 (vol. 2), Telegram from Mayor Uitenhage to Minister of Interior, n.d.; 1/UTA 6/1/218, file 28 vol. 8, Town Clerk Umtata to Magistrate Umtata, 28/10/1918; 1/EDL 6/1/13, file 28/1B, Telegram from Magistrate Elliotdale to CMT, 14/10/1918; IEC, vol. 1, file 4, Evidence of J B Moffat, p.1; vol. 2, file 8, part 2, Evidence of J J Simon, p.1; South African Library MSS Department: MSC 15 (J X Merriman Correspondence), Letters 553 and 569 from R A Barry to J X Merriman, 29/10/1918 and 5/11/1918.

issue instructions that those who developed 'flu aboard a train be put off at the first station where they could be treated.⁸ However, these requests met with a qualified refusal,⁹ which left local Whites feeling bitter. 'So far as the Transkei is concerned', complained the Territorial News, 'we consider the authorities have been criminally neglectful in allowing Natives with the disease to come here at all....'¹⁰

Some towns ignored the Government's recalcitrance and for all practical purposes took the law into their own hands. The town council of Lydenburg demanded that, before being allowed to enter the town, arriving Blacks must produce a certificate of good health from the Railway Medical Officer up the line at Belfast Junction;¹¹ Tarkastad went even further and simply refused to allow Blacks or 'Coloureds' to disembark.¹² At Pietersburg an official was posted at the station 'to look for sick natives arriving by train', so that the need for an isolation camp could be gauged,¹³ while Natal tried to catch infected passengers early by instituting inspection north of Pietermaritzburg.¹⁴ It is probable that this inspection concentrated on passengers who were not White.¹⁵

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8. CA: SAS 719, file G119/5, Town Clerk Umtata to General Manager, SAR & H, 4/11/1918; Chairman Nelspruit Health Committee to General Manager, SAR & H, 15/10/1918.
 9. CA: SAS 719, file G119/5, Hoy to Chairman Nelspruit Health Committee, 16/10/1918; MOH Union to Town Clerk Pietersburg 28/10/1918; CACT: 3/UIT 28 (vol. 2), Telegram from Public Health Department to Mayor Uitenhage, 17/10/1918; CMT to Magistrate Elliotdale, 14/10/1918; IEC, vol. 2, file 8, part 2: Evidence of J J Simon, p.1.
 10. Territorial News, 24/10/1918, Editorial.
 11. The Star, 15/10/1918; De Volkstem, 18/10/1918, p.5.
 12. CA: SAS 719, file G119/5, Telegram from Divisional Superintendent, East London to SAR G, 15/10/1918.
 13. IEC, vol. 1, file 1: Evidence of T Kleinenberg, p.52. See too CA: SAS 719, file G119/5, Telegram from Magistrate Pietersburg to General Manager, SAR, 23/10/1918; and Transvaal Archives, Pretoria: MPB 1/1/26 (Council Minute Book no. 7, December 1918 - March 1919), pp.89-90, 101.
 14. IEC, vol. 1, file 3: Statement by Dr P Murison, p.17. For action by some other towns, see CA: SAS 719, file G119/5, Clipping from Grahamstown Journal, 24/10/1918, and IEC, vol. 2, file 8, part 2: Evidence of J S Young, p.3; and of C H Mackay, p.5.
 15. IEC, vol. 1, file 3: Statement by Dr Murison, p.16; CA: SAS 719, file G119/5, Telegrams from Divisional Superintendent, Durban to Rolstok, 14/10/1918, and to SAR G, 17/10/1918.

All this activity underscores the fact that, at bottom, most Whites saw Blacks as a threat to their health because they were Black, and were therefore believed to be careless of public health. 'With regard to the movements of natives and their restriction,' the Mayor of East London told the Influenza Epidemic Commission, 'in times of national danger the Government should take powers and act upon them. Natives were brought into contact on the railway with Europeans.'¹⁶ Almost every call for restriction of movement was expressed in racial terms. As the Deputy Mayor of Grahamstown explained, 'It was easy to ascertain whether Europeans were suffering from the disease, but not wandering natives. Natives' movements should therefore be restricted in epidemic times.'¹⁷ 'Statistics prove that Natives are more susceptible to the disease than Europeans,' asserted the Territorial News, 'and this being so, it is the duty of the authorities to take special precautions in regard to them.'¹⁸

There were but two authoritative voices to counter the chorus of calls before the Influenza Epidemic Commission for restricting the movement of Blacks during an epidemic¹⁹ - W H Stuart, MLA for Tembuland,²⁰ and Dr W Rubusana, ex-MPC for the same constituency, who felt that 'If railway travelling was to be restricted it should affect all classes of the population alike, and not natives only.'²¹ 'Jindyi' reacted in less measured tones in a letter to the Cape Times, asking frankly why,

16. IEC, vol. 1, file 4: Evidence of J Stewart, p.6.

17. IEC, vol. 2, file 8, part 2: Evidence of J J Simon, p.2.

18. Territorial News, 24/10/1918, Editorial.

19. IEC, vol. 1, file 4: Evidence of J Stewart, p.6, and of Dr H M Chute, p.2; vol. 2, file 6: Evidence of A H Pagan, p 3; of T J van Duyn, p.3, and Written Evidence by T W Halliwell, p.5; vol. 2, file 8, part 2: Evidence of J S Young, pp.3-4 and of J J Simon, p.2.

20. IEC, vol. 2, file 8, part 2: Evidence of W H Stuart, p.6.

21. IEC, vol. 1, file 4: Evidence of Dr W Rubusana, p.1.

'whenever there is sickness of any kind a native has to suffer. We suffered during rinderpest, bubonic plague, East Coast fever, etc., and now we have to suffer for somebody else's neglect....When anyone falls into sin or commits an offense [sic] is it right to attribute it to the Prince of Darkness because he is the hated one? I think not.'²²

The epidemic spread swiftly through the predominantly Black rural areas. By the third week of October it had overwhelmed most of the Transkei and surrounding districts and made devastating inroads into the Transvaal and Natal. It 'swept like an avalanche through the District', reported the District Surgeon of Umtata, 'carrying off hundreds if not thousands and leaving whole kraals desolate in its wake.'²³ 'We are dying here in scores every week', wrote a Black man in the Peddie district grimly.²⁴ Around Keiskammahoek, recorded a local missionary, there were

'corpses lying in the same hut as the living, who are, themselves, too weak and too indifferent with pain, to try to move them.... cattle, sheep and goats straying, unherded, and no one to secure the milk, so badly needed, from the uneasy cows: hundreds dying from sheer hunger and exhaustion,....'²⁵

In the Zoutpansberg district police found 'Hele kafferstatte... uitgesterf',²⁶ while in the neighbouring Pietersburg district branches were placed across the entrance to huts where whole families had died.²⁷ In some areas of Natal the situation was scarcely better. The historian of Mariannhill Mission described how people 'died in their fields and in the bush along the roadside....The people were stunned and terror-stricken.'²⁸ From several parts of the country came reports of corpses not being

22. Cape Times, 24/10/1918, p.6.

23. CACT: 1/UTA 6/1/219, file 28 vol. 10, District Surgeon's Report for 1918 quoted in Acting Resident Magistrate to MOH, Pretoria, 3/3/1919.

24. Daily Dispatch, 1/11/1918, p.4.

25. The News-letter, December 1918, p.351.

26. De Volkstem, 6/12/1918, p.4 (Letter from H H van Gass).

27. Interview with Mrs M Moluto.

28. F Schimlek: Mariannhill - A Study in Bantu Life and Missionary Effort (Mariannhill, 1950), p.210.

buried,²⁹ but it is not clear whether this was because in many households the 'flu left no-one well enough to undertake this task or because of fears of being infected by the dead.

The overall effect of the epidemic on the countryside was eerie. '[F]or two weeks a great solemn hush has prevailed', wrote a correspondent in the Cathcart District. '[N]o one to be seen, no one to be heard; no life on the farms, no work in the lands. Lord influenza and his followers have held the countryside in their grip.'³⁰ From his mission station in the Mount Frere District, Reverend J G Locke told of the 'awful death-like stillness that brooded over this Mission Station....[which] was like a place of death. Not a soul stirred.'³¹

In Pretoria the Native Affairs Department frankly admitted on 23 October that, with regard to the epidemic of Spanish 'flu, 'there is no justification at present for assuming it is under control or even that it has reached its zenith.'³² It 'threatens the existence of the entire race', concluded a Black contributor to the Territorial News ominously.³³

Outside the towns and villages, organized counter-measures were slow to be devised. In the former, well-established municipal authorities existed to take the lead and, generally, they had the means to do so. However, responsibility for districts beyond their boundaries (where the majority of Blacks lived) rested with hard-pressed Magistrates or Native Commissioners, who usually

29. CACT: 1/MTF 6, file 28, Chief Lehana to Acting Resident Magistrate Mount Fletcher, 22/10/1918; CA: SAS 825, file P2/159, Memorandum for the Acting General Manager (Parliamentary Section), 24/1/1919, p.6; Daily Dispatch, 19/10/1918, p.8, and 23/10/1918, p.5; De Burger, 25/10/1918, p.2; The News-letter, December 1918, p.351; Interviews with Mrs L E Mashigu and Mr A Venter.

30. Daily Dispatch, 4/11/1918, p.6.

31. Methodist Churchman, 18/11/1918, p.3.

32. Daily Dispatch, 24/10/1918, p.5.

33. Territorial News, 24/10/1918.

lacked both the staff and the resources to mount a campaign against the epidemic. In their counter-measures towns and villages generally followed the example of the larger centres in the Union, as reported in the press, but inevitably they gave their own areas priority, at least initially. Outside districts had to make do as best they could.

Practical assistance from the Native Affairs and Public Health Departments in Pretoria was meagre and slow to arrive, despite the Prime Minister's instruction that the former do all in its power to alleviate distress, 'even if it cost money.'³⁴ 'The Native Affairs Office gave us no help whatever, beyond sending us fatuous telegrams of which I took no notice', complained the Chief Magistrate of the Transkei privately. 'The Health Department did what I suppose was their best but they were generally about a fortnight late.'³⁵ Magistrates and Native Commissioners were thus largely left to their own resources to try to stem the epidemic. It 'makes one realize what the Civil Servants in India have to go through', commented one sharply.³⁶

Since nurses and doctors were few and far between (six Transkeian Districts lacked even a District Surgeon in 1918³⁷), leaflets and posters with simple instructions in English, Dutch and four Bantu languages on prevention and treatment were sent out in large numbers.³⁸ Magistrates and Native Commissioners were also made responsible for obtaining supplies of the medicines recommended and ensuring that these were distributed.³⁹ In the Transkei this

34. CA: GNLB 301, part file 370/18/103, Secretary for Native Affairs to Secretary for Finance, 4/4/1919.

35. South African Library MSS Department: MSC 15 (Merriman Correspondence), Letter 633 from J B Moffat to J X Merriman, 6/12/1918.

36. Ibid., Letter 547 from M G Apthorp to J X Merriman, 25/10/1918.

37. IEC, vol. 1, file 4: Evidence of J B Moffat, p.1.

38. The Star, 9/11/1918 (Communiqué from Native Affairs Department).

39. IEC, vol. 1, file 4: Evidence of J B Moffat, p.1; CACT: 1/UTA 4/2/2/5, Circular from Secretary for Native Affairs

led to orders being placed in Durban, East London and Cape Town, as the stocks held by the six chemists in the territory were rapidly exhausted.⁴⁰ Measures were also taken to minimize opportunities for the 'flu to spread by closing schools,⁴¹ prohibiting meetings⁴² and indoor church services for Blacks,⁴³ postponing court-cases and the payment of taxes⁴⁴ and suspending military recruiting.⁴⁵ However, when one Transkeian Magistrate requested that recruiting for the mines be halted too, this was turned down.⁴⁶

to All Magistrates and Native Affairs Department Officers, 22/10/1918; 1/UTA, file 6/1/218 vol. 8, Telegrams from CMT to All Transkeian Magistrates, 23/10/1918; and from Public Health Department, Pretoria, to Magistrate Umtata, 23/10/1918.

40. IEC, vol. 1, file 4: Evidence of J B Moffat, pp.1, 3; CACT: 1/TSO 11, file 485(1), Magistrate Tsolo's Schedule of Expenditure, 23/12/1918; 1/UTA 6/1/218, file 28 vol. 8, Telegram from Public Health Department, Pretoria, to Magistrate Umtata, 23/10/1918.
41. CACT: 1/UTA 6/1/218, file 28 vol. 8, Magistrate Umtata to CMT, 20/11/1918; 1/EDL 6/1/13, file 28/1 B, Telegram from Magistrate, Elliotdale to CMT, 21/11/1918; 1/TSO 11, file 485(1), Circular from Acting Resident Magistrate Tsolo to Inspector of Schools and Missionary Superintendents, 20/11/1918; 1/NKE 3, file 13/3/13, Telegram from Acting Magistrate Ngamakwe to CMT, 16/10/1918; 1/MTF 6, file 28, Telegram from CMT to Magistrate Mount Fletcher, 11/11/1918; Daily Dispatch, 31/10/1918, p.6.
42. CACT: 1/TSO 11, file 485(1), Report by Acting Resident Magistrate Tsolo, 9/12/1918.
43. CACT: 1/UTA 6/1/218, file 28 vol. 8, Circular from Magistrate Umtata to Various Ministers, 22/10/1918; and Magistrate to A Mtengane, 9/12/1918; 1/TSO 11, file 485(1), Missionary Superintendent Ross Mission to Magistrate Tsolo, 10/11/1918.
44. CACT: 1/UTA 6/1/218, file 28 vol. 8, Telegram from CMT to All Transkeian Magistrates, 21/10/1918; and Magistrate Umtata to District Commandant SA Police, Umtata, 21/10/1918; 1/FSF 6/9, file 28/1917-1918, Telegram from Magistrate Flagstaff to CMT, 2/11/1918; 1/MTF 6, file 28, Acting Resident Magistrate's Notice, 23/10/1918; Territorial News, 24/10/1918, Editorial.
45. CACT: 1/UTA 6/1/218, file 28 vol. 9, Magistrate Umtata to Secretary War Recruiting Committee, 12/10/1918.
46. CACT: 1/UTA 6/1/218, file 28 vol. 8, CMT to Magistrate Umtata, 18/10/1918.

To distribute medicine, food and advice, help from any quarter was welcomed. In some areas local relief committees were set up,⁴⁷ but in others Magistrates inspanned an array of individuals ranging from stock inspectors, policemen, teachers and missionaries to traders, labour recruiters and headmen and their councillors.⁴⁸ Black orderlies trained on the mines or in the Native Labour Corps were sent to several districts, as their 'knowledge of the language, customs and prejudices of the people' was felt to fit them especially well for helping fellow-Blacks;⁴⁹ other Blacks in towns and villages did much the same unofficially, 'carrying to their homes by the Saturday native express train', as one East London resident observed, 'all necessities recommended by the hundreds of their European baases.'⁵⁰ A few White medical students came up to the Transkei from Cape Town to assist where doctors were in particularly short supply,⁵¹ while Black students from Fort Hare and Lovedale helped by distributing food and medicine and

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47. IEC, vol. 1, file 1: Evidence of J B Skirving, p.58; CACT: 1/EDL 6/1/13, file 28/1 B, Telegram from Department of Public Health, Pretoria to Magistrate Elliotdale, 25/10/1918; The Star, 9/11/1918 (Communiqué from Native Affairs Department).
48. IEC, vol. 1, file 1: Evidence of J B Skirving, p.57; vol. 1, file 4: Evidence of J B Moffat, pp.1-2; vol. 2, file 9: Memorandum by J E Adamson, p.10; CACT: 1/UTA 6/1/218, file 28 vol. 8, Magistrate Umtata to Traders in Bitvi District, 28/10/1918; to J H Bouwer, 4/11/1918; to MOH. Pretoria, 2/12/1918; and Telegram from CMT to All Transkeian Magistrates, 11/11/1918; 1/MTF 6, file 28, Telegram from Acting Resident Magistrate Mt Fletcher to CMT, 2/11/1918; South African Library MSS Department: MSC 15 (Merriman Correspondence), Letters 547 and 576 from M G Apthorp to J X Merriman, 25/10/1918 and 9/11/1918; The Star, 9/11/1918 (Communiqué from Native Affairs Department).
49. The Star, 9/11/1918 (Communiqué from Native Affairs Department).
50. Daily Dispatch, 23/11/1918, p.11 (Letter from 'Kultur no. II'); Interview with Mrs M Philda.
51. IEC, vol. 2, file 8, part 2: Evidence of W H Stuart, p.2; CACT: 1/CAA 9, file 17 vol. 5, F C Willmot to Magistrate Cala, 29/10/1918; and J G S van Jaarsveld to Town Clerk Cala, 2/12/1918; 1/UTA 6/1/218, file 28 vol. 8, Telegram from Magistrate Umtata to J H Bouwer, 30/10/1918; Cape Times, 6/11/1918, p.8.

giving assistance in the temporary hospitals which were set up in the Victoria East District.⁵² This experience persuaded at least three of them to follow medical careers later in life.⁵³

The UDF lent a hand too. Defence Rifle Associations and Commandos in the Transkei helped throughout the territory⁵⁴ and early in November the Department of Public Health managed to arrange for three fully-equipped field ambulances, each under a military doctor, to tour the Transkei, dispensing medicine and giving inoculations and advice.⁵⁵ One of these subsequently went up to the Lydenburg District where it performed similar tasks.⁵⁶ The UDF was also able to send a few military doctors to other severely affected areas.⁵⁷

For all these sterling efforts, it is clear that, with such make-

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52. Cory Library for Historical Research, Rhodes University: MS 14, 754, 'Notes on Influenza Epidemic' by Dr Neil Macvicar, p.5; Christian Express, 2/12/1918, p.185 and 1/2/1919, p.27; Imvo Zabantsundu, 15/4/1919, p.5; Territorial News, 26/12/1918; Lovedale Missionary Institution: Report for 1918, p.24; R H W Shepherd: Lovedale, South Africa 1841-1941 (Lovedale, n.d.), pp.330-331; A Kerr: Fort Hare 1915-1948 (Pietermaritzburg, 1968), p.71. Students from other institutions also rendered assistance in their respective areas (F Schimlek: Mariannhill, pp.211-212; Territorial News, 26/12/1918).
 53. Z K Matthews: Freedom for My People (London and Cape Town, 1981), pp.61-62.
 54. SADF Archives: DC 1151, file DB 2430/2, Report by District Staff Officer No. 3 Military District to CGS, 3/12/1918.
 55. SADF Archives: DC 1151, file DB 2430/2, Telegram from Secretary for Defence to CMT, 1/11/1918; DC 1021, file 509/2, sub-file 21/2/509, MOH for Union to Staff Director for Medical Services, 8/11/1918 and A/DMS Hewat to DMS, 18/11/1918; DC 1303, file 4003, Reports by Captains Wicht, Kramer and Landsberg enclosed in Memoranda from District Staff Officer, No. 3 Military District to DMS, 28/11/1918, 3/12/1918 and 14/12/1918.
 56. SADF Archives: DC 1303, file 4003, Report by Captain Landsberg enclosed in Memorandum from District Staff Officer, East London to DMS, 12/12/1918.
 57. SADF Archives: DC 1305, file 4942, Telegram from DMS to CMT, 6/11/1918; The Star, 9/11/1918 (Communiqué from Native Affairs Department).

shift organization and meagre supplies, counter-measures against the epidemic barely got off the ground in many districts. In the Mount Fletcher District a missionary reported that 'many died on account of the disease, for lack of instructions or medicines and doctor. Thanks to the Cape Times which gave us some idea how to manage in case of influenza.'⁵⁸ In the Pietersburg District there was 'practically no medical attendance' for the 160 000 Black cases⁵⁹ and, as a result, lamented local Blacks, 'Many of our people have had to die in appalling numbers through lack of medicines and proper care.'⁶⁰ The situation was astonishing, wrote a resident of Potgietersrus, 'want alles loopt zo maar op genade af; geen medisijsen, geen hulp, geen begrip van de ziekte, nog minder 'n idee hoe de zieken te behandelen.'⁶¹ In the Transkei a Black correspondent appealed to the Chief Magistrate for help to be given to local Blacks on a par with 'other sections of the community whose local organizations are leaving no stone unturned to save those within their jurisdiction.'⁶²

Yet, much of the advice and medicine that was given by Whites was ignored in favour of tried and trusted remedies or treatment by witchdoctors, for many Blacks had a deep distrust of Whites and the medicines they were suddenly urging on them.⁶³ In addition,

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58. CACT: I/MTF 6, file 28, Reverend B Moreillon to Magistrate Mount Fletcher, 5/11/1918.
59. IEC, vol. 1, file 1: Evidence of J B Skirving, pp.57-58.
60. Transvaal Archives: MPB 1/1/26 (Council Minute Book no. 7, December 1918 - March 1919), p.15.
61. De Volkstem, 15/11/1918, p.7.
62. Territorial News, 24/10/1918. See too Ilanga lase Natal, 25/10/1918, p.3 and Medical Journal of South Africa, December 1918, pp.336-337.
63. IEC, vol. 1, file 4: Evidence of J B Moffat, p.2, and of Dr W Rubusana, p.1; Imvo Zabantsundu, 10/12/1918, Editorial; Methodist Churchman, 18/11/1918, p.3; Daily Dispatch, 20/11/1918, p.10; The Friend, 7/11/1918, p.8; Ilanga lase Natal, 25/10/1918, p.3; St Matthew's College Magazine, Supplementary Number, 12/11/1918, p.6; St Cuthbert's Mission: Report for 1918, p.7; St Michael's School Magazine (Bloemfontein), April 1919, p.21; Foreign Mission Chronicle of the Episcopal Church in Scotland together with the Kaffrarian Diocesan Quarterly, July 1919, p.43; F Schimlek: Mariannhill, pp.210-211; Interviews with Mr J Mfunda, Mrs M Philda, Mrs D Soyizwapa and Mr D Balose; Collier Collection: Letter from Mrs M B Gilfillan (née Miles), 4/5/1972.

'Some thought the Government medicine was of no value because it was free',⁶⁴ while others 'feared that the Government would tax th[em] for looking after them in this epidemic and so would not take advantage of the food, medicine etc., sent to them.'⁶⁵ In Senekal, members of a local Ethiopian Church refused the medicines offered by Whites 'on conscientious grounds',⁶⁶ while Zulu Zionists in Zululand behaved similarly, believing their white head-dresses to be 'proof from all diseases'.⁶⁷

In some districts the rejection of Whites and their medicines was quite explicitly hostile. In one village in the Victoria East District, medical orderlies found that a man was going ahead of them,

'telling the people that this disease was a device of the Europeans to finish off the Native races of South Africa, and as it had not been quite successful, they were sending out men with poison to complete the work of extermination.'⁶⁸

The Bishop of St John's encountered similar antagonism in parts of the Umtata District. In his diary he recorded his experience in one location where

'The people simply w[oul]d not have us. One stood outside his hut & insisted his child was better: another woman took our medicines but said we had come to poison them.'⁶⁹

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64. St Matthew's College Magazine, Special Supplementary Number, 12/11/1918, p.6.
65. IEC, vol. 1, file 4: Evidence of Reverend J Henderson, p.5.
66. The Friend, 23/10/1918, p.4. For a similar refusal by certain White Christian groups, see ch. 7, p.251.
67. The Friend, 13/11/1918, p.5. Zulu Zionists opposed the use of medicine in all circumstances as a matter of principle (see B M G Sundkler: Bantu Prophets in South Africa (London, 1961), p.226).
68. Christian Express, 2/12/1918, p.185. For evidence of similar beliefs, see De Volkstem, 22/11/1918, p.11 (Letter from 'Tor'); IEC, vol. 1, file 1: Evidence of T Jooste, p.1; IEC, vol. 1, file 4: Evidence of Reverend J Henderson, pp.3, 5; F Schimlek: Mariannahill, p.211; South African Library MSS Department: MSC 15 (Merriman Correspondence), Letter 553 from R A Barry to J X Merriman, 29/10/1918; Collier Collection: Letter from Mrs M B Gilfillan (née Miles), 4/5/1972.
69. Witwatersrand University Library, Historical and Literary

In the light of such attitudes, the refusal of many Blacks to go to hospital is not surprising. As one 'flu survivor related, they believed that, 'if you were very ill and went to hospital, the doctors would kill you quickly.'⁷⁰

However, certain patent medicines did enjoy widespread popularity among Blacks and were thus much in demand. In the Pietersburg District a phenol solution was eagerly sought after because of its apparent efficacy,⁷¹ while in the Transkei, quinine,⁷² Epsom salts⁷³ and an 'Iyeza le fiva' mixture made up by an Umtata pharmaceutical firm⁷⁴ were much favoured. Traders with stocks of these or other popular medicines did well - one 'made a fortune out of a medicine called BOSS (The Master Medicine) during the epidemic',⁷⁵

Papers Division: AB 1011 (Bishop J W Williams Papers, Diary 1918-1919), Entry for 9/11/1918.

70. Interview with Mr P Ndaba. See too CACT: CMT 3/653, file 97, District Surgeon Bizana to Magistrate Bizana 15/5/1919; District Surgeon's Report, Elliotdale, 16/5/1919; District Surgeon Idutywa to Magistrate Idutywa, 16/5/1919; and Magistrate Flagstaff to CMT, 11/6/1919; Union of South Africa: Transkeian Territories General Council (hereafter TTGC) Proceedings and Reports, 1920, p.159; Anglican Archives, Bloemfontein: Log Book of St Augustine's Mission, Thaba 'Nchu, p.22 (Entry for 8/10/1918); UG 15-'19, para. 53; Christian Express, 8/11/1918, p.170, and 2/12/1918, p.185; Matatiele Mail, 24/10/1918.
71. IEC, vol. 1, file 1: Evidence of J B Skirving, pp.57, 60; SADF Archives: DC 1303, file 4003, Melle to Orenstein, 1/12/1918; The Star, 9/11/1918 (Communiqué from Native Affairs Department).
72. The Star, 9/11/1918 (Communiqué from Native Affairs Department).
73. CACT: 1/TSO 11, file 485(1), Israel ? to Magistrate Tsolo, n.d.
74. CACT: 1/TSO 11, file 485(1), Memorandum from Acting Resident Magistrate Tsolo to Dr McMurtie, 4/11/1918; L Mzazi to Acting Resident Magistrate Tsolo, 7/11/1918; Telegram from Acting Resident Magistrate Tsolo to Pickens, Umtata, 7/11/1918; E Jordan to Acting Resident Magistrate Tsolo, 10/11/1918; St Matthew's College Magazine, Special Supplementary Number, 12/11/1918, p.6.
75. Letter to author from Dr J Branford, 24/11/1978; St Matthew's College Magazine, Special Supplementary Number, 12/11/1918, p.6.

while another sold hundreds of bottles of a 'wonderful German cure' for influenza which had achieved good results. Its fame had spread 'like wild fire amongst the natives who travelled for many miles to obtain a supply', reported the Transkeian Gazette.⁷⁶

Inoculation with anti-'flu vaccine was not readily accepted, however, and opposition to this form of treatment was extensive. The Public Health Department had only sanctioned its general use reluctantly, as it had genuine reservations about its efficacy⁷⁷ and it was late in October before adequate supplies became available.⁷⁸ In the Pietersburg⁷⁹ and Middelburg⁸⁰ Districts local Blacks absolutely refused to have injections, while there are numerous reports from the array of inoculators pressed into service in the Transkei of being boycotted, avoided and ignored as they toured the areas assigned to them.⁸¹ A sheep-inspector-turned-

76. Transkeian Gazette, 26/12/1918. On the popularity of patent medicines in colonial Africa see G W Hartwig and K D Patterson (eds.): Disease in African History (Durham, N C 1978), p.17.

77. See ch. 6, pp.216f; IEC, vol. 2, file 8, part 2: Evidence of W H Stuart, p.2; CACT: 1/UTA 6/1/218, file 28 vol. 8, Telegrams from Public Health Department, Pretoria to Magistrate Umtata, 23/10/1918 and 26/10/1918; Telegram from CMT to All Transkeian Magistrates, 23/10/1918; The Star, 9/11/1918. Nevertheless, the Department still had serious doubts: in the original draft of a telegram to the MOH, Salisbury (deleted from the final version), Dr J A Mitchell confessed that inoculation had been begun among Blacks 'largely owing [to] popular clamour for such facilities' (CA: GES 67, file 13/42A, sub-file 316/28, Draft of Telegram from Mitchell to 'Medicus', Salisbury, 18/11/1918). Presumably he was referring to a popular demand for inoculation by White officials and residents (see ch. 6, p.217), as there is no evidence of such a desire among Blacks. Even then, at least two doctors in Black rural areas refused to inoculate, as they were not convinced of the vaccine's efficacy (Transkeian Gazette, 24/10/1918, Editorial; SADF Archives: DC 1303, file 4003, Melle to Orenstein, 1/12/1918).

78. CACT: 1/UTA 6/1/218, file 28, vol. 8: Telegram from Public Health Department to Magistrate Umtata, 26/10/1918; The Star, 9/11/1918 (Communiqué from Native Affairs Department).

79. IEC, vol. 1, file 1: Evidence of J B Skirving, p.58.

80. IEC, vol. 1, file 1: Evidence of Dr J H Rousseau, p.3.

81. CA: GES 67, file 13/42A, sub-file 316/28, Memorandum by Dr J A Mitchell to Dr F A Arnold, 6/11/1918; CACT: 1/EDL 6/1/13, file 28/1 B, Magistrate Elliotdale to CMT, 15/11/1918; 1/CAA

inoculator in the Umtata District complained 'that a certain Native minister...is telling people not to believe in Inoculation or medicine issued by Gov [sic] as they are only trying to kill people'.⁸² The Magistrate at Flagstaff explained this resistance as arising from rumours that

'the Natives who died in Johannesburg were those inoculated'; [that]
 'the White man is killing them'; [that]
 'the operation is performed with a long needle which is thrust...into the jugular vein'; [that]
 'vaccination against Small Pox which was recently performed has caused the disease'

and from a general 'belief in Witch Doctors.'⁸³ Indeed, so serious did anti-inoculation feeling in the Transkei become that a special warning was issued to at least one inoculator to ensure that he disinfected his syringe thoroughly after each injection, 'in order to avoid any risk of poisoning, which, if it occurred, would have a bad effect on the Native mind.'⁸⁴ Finally, the Native Affairs Department felt compelled to issue a general circular stressing that inoculation was not compulsory 'and cannot be made so until there is more substantial ground for regarding it as effective protection against disease than at present exists.'⁸⁵ As the

9, file 17, vol. 5, Magistrate Cala to CMT, 12/12/1918; 1/NKE 3, file 13/3/13, Telegram from Assistant Magistrate Ngamakwe to SA Institute for Medical Research, 9/11/1918; 1/TSO 11, file 485(1), Acting Magistrate Tsolo to Dr McMurtie, 4/11/1918 and Telegram from Acting Magistrate Tsolo to SA Institute for Medical Research, 7/11/1918; 1/MTF 6, file 28, Telegrams from Acting Resident Magistrate Mount Fletcher to CMT, 9/11/1918, 15/11/1918 and 25/11/1918; 4/KWT 4/1/9 no. 42, Reports on Inoculation at Balassi 28/10/1918, and at Blaney Station, 29/10/1918 to Divisional Council, Kingwilliamstown; Transkeian Gazette, 7/11/1918 and 14/11/1918.

82. CACT: 1/UTA 6/1/218, file 28 vol. 8, J H Bower to Magistrate Umtata, 16/11/1918.
83. CACT: 1/FSF 6/9, file 28/1917-1918, Magistrate Flagstaff to CMT, 20/11/1918.
84. CACT: 1/UTA 6/1/218, file 28 vol. 8, Magistrate Umtata to J H Bower, 1/11/1918.
85. CACT: 1/UTA 6/1/218, file 28 vol. 8, Telegram from Secretary for Native Affairs, 2/11/1918, as quoted in Circular from CMT to All Transkeian Magistrates, 4/11/1918.

Secretary for Native Affairs told the Influenza Epidemic Commission, this step became necessary

'as the idea was getting abroad that inoculation was compulsory and it looked as if they were going to cause more trouble through inoculation than through the disease itself.'⁸⁶

Once again, reactions to the acute crisis produced by the 'flu epidemic highlight underlying feelings and attitudes very sharply. Many rural Blacks did not trust Whites and expected the worst of them. 'They could not understand why the white man had suddenly grown so solicitous for their welfare', lamented the Christian Express. It went on:

'This is a terrible impeachment of our attitude towards the Native races, that they could not believe us capable of helping them even in such a season of calamity unless we had behind it some scheme of bettering ourselves. Do the Europeans deserve such distrust? Is there anything in our past treatment of these people to create such suspicion and fear? We ought thoughtfully to ask ourselves this question.'⁸⁷

Most Whites failed to do so, rather seeing their activities during the epidemic as proof of 'the good will that the Government and its officials as well as the medical men, Missionaries and many others bear towards....the children of the Government and our friends.'⁸⁸ Indeed, the Chief Magistrate of the Transkei concluded that, 'a new bond of friendship' had grown up between White and Black in many districts⁸⁹ and certainly it would be misleading to ignore the genuine expressions of gratitude on the part of Blacks for these efforts.⁹⁰ Yet, in the opinion of some, even this

86. IEC, vol. 1, file 1: Evidence of E E Dower, p.101.

87. Christian Express, 2/12/1918, p.185. For a similar, though sharper, opinion on these lines, see South African Library MSS Department: MSC 15 (Merriman Correspondence), Letter 553 from R A Barry to J X Merriman, 29/10/1918.

88. CACT: 1/LSK 6, file 28, 13/2, Acting CMT to Magistrate Lusikisiki, 20/2/1919. For the classic 'White man's burden' attitude, see Imvo Zabantsundu, 3/12/1918 (Letter from R W R I).

89. TTGC Proceedings and Reports, 1919, p.38.

90. For instance, see Transkeian Gazette, 26/12/1918 (Kentani

assistance was not wholly disinterested. As one Magistrate observed tellingly, the expenditure authorized to combat epidemics 'tends to be in proportion only to the degree of (European) alarm.'⁹¹

It is impossible to say with any precision how many Blacks died of Spanish influenza and its complications in the rural parts of South Africa. Even where a system for registering Black deaths did exist in these areas, it functioned haphazardly.⁹² Nor do the figures collected by the Influenza Epidemic Commission in December 1918 and published in its Report⁹³ inspire much confidence. For example, the number of Black deaths in the Kingwilliams-town District up to 23 November was given as 2 024 by the Magistrate, with '500 to 600 native deaths not yet reported.'⁹⁴ However, when he appeared before the Commission in person in January 1919, he gave the total Black deaths in his district as 7 081.⁹⁵ To cast doubt on even this figure, the District Surgeon testified next that, 'No reliance could be placed on the statements as to the number of Native men, women and children who had died during the epidemic.'⁹⁶

In the Transkei both the Chief Magistrate and the Deputy Commissioner of Police estimated that some 30 000 Blacks had died of 'flu out of a total population of one million.'⁹⁷ But even the Influenza

Notes), and 6/2/1919; Territorial News, 27/2/1919 (Letter from Magistrate Tsolo); CACT: 1/LSK 6, file 28, 13/2, Secretary to Paramount Chief Marelane to Magistrate Lusikisiki, 5/2/1919.

91. CACT: CMT 3/653, file 97, Magistrate Tsolo to CMT, 21/6/1919.
92. TTGC Proceedings and Reports, 1921, p.39; De Volkstem, 12/11/1918, p.4. See too, ch. 9, p.288.
93. UG 15-'19, Appendix C.
94. UG 15-'19, p.25.
95. IEC, vol. 1, file 4: Evidence of J H O'Connell, p.1.
96. IEC, vol. 1, file 4: Evidence of Dr H M Chute, p.4.
97. IEC, vol. 1, file 4: Evidence of J B Moffatt, p.1; CACT: CMT 3/872, file 638.31, Annual Report of Transkei Division of SA Police for 1918, p.10.

Epidemic Commission's figure for 27 Districts was considerably higher (37 454),⁹⁸ and then three magistrates frankly admitted that the figures they had submitted were far from complete,⁹⁹ while others noted that the 'flu had not yet abated when they sent in their returns.¹⁰⁰ Dwarfing such figures, however, the 1921 Census concluded that the population of the Transkei was 100 000 below what had been anticipated, based on the rate of increase between previous censuses. This shortfall it attributed to deaths in the 'flu epidemic.¹⁰¹

What is certain is that the death-toll among Blacks in many rural areas was high, with the general exception of the north-eastern parts of the country.¹⁰² Even without the dubious contemporary belief in Blacks' natural 'susceptibility...to diseases of the respiratory tract',¹⁰³ possible reasons for this heavy toll are open to debate: for instance, congested living conditions,¹⁰⁴ diminished physical resistance as a result of undernourishment¹⁰⁵

98. UG 15-'19, pp.24-27.

99. UG 15-'19, pp.24-25 (Bizana and Idutywa); CACT: 1/UTA 6/1/218, file 28 vol. 8, Assistant Resident Magistrate Umtata to Public Health Department, 26/11/1918.

100. UG 15-'19, pp.24-26 (Elliotdale, Ngqeleni, Tabankulu, Tsolo). Magistrates in other Black rural areas added similar reservations when they submitted their figures (for example, see UG 15-'19, pp.24-29, Alexandria, Fort Beaufort, Herschel, Molteno, Mapumulo, Nylstroom, Standerton, Kroonstad).

101. Union of South Africa: Third Census of the Population of the Union, 1921 - Report, UG 37-'24, p.43.

102. See ch. 9, p.293 for an attempt to explain this phenomenon.

103. UG 15-'19, para. 53.

104. W M Macmillan: The Land, The Native and Unemployment (Johannesburg, 1924), pp.3-4, 6, 14; Union of South Africa: Report of the Under-Secretary for Education for 1918, Part II, UG 8-'20, p.35.

105. IEC, vol. 1, file 4: Evidence of Reverend J Henderson, pp. 1-4, and Evidence of Reverend H Markotter, p.3; Imvo Zabantsundu, 3/12/1918, p.5; Christian Express, 8/11/1918, p.175; 2/12/1918, p.185; Daily Dispatch, 22/1/1919, p.9 (Letter from 'Trader'); Methodist Churchman, 18/11/1918, p.3; Cape of Good Hope: Report of the Superintendent-General of Education for 1919, CP 4-'20, p.68, para. 60; W M Macmillan: The Land, The Native and Unemployment, p.14.

or the effects of other diseases,¹⁰⁶ disregard of the measures advocated by White doctors¹⁰⁷ (where knowledge of these reached 'flu-stricken kraals early enough) and too great a reliance on unsuitable traditional treatment.¹⁰⁸ In the opinion of the progress-minded Imvo Zabantsundu, this neglect of the laws of health arose from 'ignorance, ignorance, and yet again ignorance.' In most cases Blacks had simply 'applied their own methods which are their stock cures for the ordinary headache and cold, not knowing that this epidemic demanded special treatment', it declared.¹⁰⁹ To be sure, practices such as getting up as soon as possible,¹¹⁰ moving the sick,¹¹¹ excluding fresh air¹¹² or consuming heavy solids¹¹³ were not likely to help 'flu victims to recover. Nor was the patient who sought to cool his fever by immersing himself in a river¹¹⁴ likely to have survived for many days.

In the wake of the ravages of the epidemic, calls proliferated for vast improvements in medical facilities, sanitary conditions and health education among Blacks. These were not made purely on humanitarian grounds. For instance, the Native Affairs Department soberly pointed out that

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- 106. IEC, vol. 1, file 1: Evidence of T Kleinenberg, p.55, and of J B Skirving, p.60
 - 107. See pp.162-163 and UG 8-'20, p.35.
 - 108. See p.166 and UG 8-'20, p.35.
 - 109. Imvo Zabantsundu, 10/12/1918, Editorial. This lists eight traditional ways of treating patients, all of them dangerous in the case of influenza.
 - 110. H Ngubane: Body and Mind in Zulu Medicine (London, 1977), p.100.
 - 111. Cowley Evangelist, February 1919, p.38.
 - 112. Society for the Propagation of the Gospel in Foreign Parts: Report for 1919, p.20; St Matthew's College Magazine, Special Supplementary Number, 12/11/1918, pp.6-7; St Michael's School Magazine (Bloemfontein), April 1919, p.20; De Volkstem, 8/11/1918, p.5.
 - 113. St Matthew's College Magazine, Special Supplementary Number, 12/11/1918, p.7.
 - 114. Transkeian Gazette, 9/1/1919.

'the demand for native labour is likely to grow more insistent with the return of peace and a period of industrial and agricultural expansion. From the purely commercial aspect therefore apart from any higher motive this question [of better medical services] is of the first importance.'¹¹⁵

As the Secretary for Health put it in a memorandum the following year, 'Next to the White population the Natives, even from the f. s. d. standpoint, are the most valuable "crop" the country produces, and a crop that is well worth caring for and safeguarding.'¹¹⁶

Schemes for training Blacks as doctors¹¹⁷ and nurses¹¹⁸ were mooted and the Secretary for Native Affairs even hopefully submitted a memorandum on the constitution of the Basutoland Medical Service to the Influenza Epidemic Commission.¹¹⁹ 'This destructive

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115. Union of South Africa: Report of the Department of Native Affairs, 1913-1918, UG 7-'19, p.30.
116. CA: PM 1/1/370, file PM 86/19 vol. 1, Memorandum by J A Mitchell to Minister of Health, 17/10/1919.
117. Ilanga lase Natal, 25/10/1918, p.3; Imvo Zabantsundu, 1/4/1919, p.4; CACT: CMT 3/653, file 97, Magistrate Engcobo to CMT, 14/5/1919; UG 8-'20, p.33.
118. IEC, vol. 1, file 1: Evidence of E E Dower, pp.105-6; vol. 1, file 3: Evidence of P B Carter, p.71, and of W J Davidson, p.3; vol. 2, file 9: Pamphlet by M E Barker, 'Native Hospital Aids - A Guild Organisation: Some Suggestions'; CACT: CMT 3/653, file 97, Magistrate Butterworth to CMT, 15/5/1919; Magistrate Engcobo to CMT, 14/5/1919; Magistrate Mount Ayliff to CMT, 13/5/1919; Magistrate Matatiele to CMT, 4/6/1919; CACT: Kimberley City Council Minute Book 18, p.258; South African Nursing Record, November 1918, pp.31-32; March 1919, pp.102, 115; May 1919, p.143; December 1919, p.291; Report of the King Edward Nurses, 1919, pp.12-13; Church Chronicle, 9/1/1919, Missionary Supplement, p.5 (Letter from Sister Bessie); Christian Express, 2/12/1918, p.186; Medical Journal of South Africa, November 1919, pp. 90-91; Diamond Fields Advertiser, 15/4/1919, p.7.
119. IEC, vol. 2, file 9: Statement Handed in by Secretary for Native Affairs. A comprehensive scheme for a Native Medical Service was accepted by the Natal Medical Council in the wake of the 'flu, but its ultimate fate is unknown (Medical Journal of South Africa, December 1918, pp.336-337; June-July 1919, pp.495-496).

disease should impress upon the Native mind the need for first hand information, healthy living and better education', concluded Imvo Zabantsundu confidently.¹²⁰

The Influenza Epidemic Commission did make several general recommendations along these lines¹²¹ which coincided with the Native Affairs Department's own ideas,¹²² but implementation was very slow. Nearly ten years after the epidemic, a Commission of Inquiry complained that:

'In spite of the activities of the District Surgeon, it is no exaggeration to say that in most parts of the country the Natives have had to depend for medical attention upon their own medicine-men and herbalists except where they have been fortunate enough to be within reach of a missionary doctor. The complete inadequacy of the available resources has been demonstrated by the history of recent epidemics.'¹²³

Some effort had been made soon after the Spanish 'flu epidemic to ascertain exactly how inadequate these resources were,¹²⁴ but no significant action seems to have followed, beyond the appointment of the first Government MOH for the Eastern Cape and Transkei in August 1920¹²⁵ and provision for the dead in the

120. Imvo Zabantsundu, 10/12/1918, p.5.

121. UG 15-'19, paras. 128-131.

122. UG 7-'19, pp.29-30; Union of South Africa: Report of the Native Affairs Department, 1919-1921, UG 34-'22, pp.18-19.

123. Union of South Africa: Report of the Committee Appointed to Inquire into the Training of Natives in Medicine and Public Health, UG 35-'28, para. 8. See too Union of South Africa: Report of the Committee of Inquiry re Public Hospitals and Kindred Institutions, UG 30-'25, paras. 251-252, 260, 371-374 and 515, and Union of South Africa: Report of the Hospital Survey Committee, UG 25-'27, para. 129.

124. CACT: CMT 3/653, file 97, Identical Minute from Secretary for Native Affairs, 29/4/1919. The same file contains the replies from all Transkei Magistrates.

125. TTGC Proceedings and Reports, 1920, p.xli and TTGC Proceedings and Reports, 1921, p.171. The appointment of this MOH was a posthumous achievement for J B Moffat who, in the wake of the epidemic, had declared it his intention to have such an official appointed (South African Library MSS Department: MSC 15 (Merriman Correspondence), Letter 633 from J B Moffat to J X Merriman, 6/12/1918.

Transkei to be buried in central cemeteries instead of scattered around the locations.¹²⁶ When in 1921 the Transkeian Territories General Council attempted to take the first step recommended by its Select Committee on Public Health - having itself proclaimed the local health authority for the whole territory¹²⁷ - its application was turned down in favour of a continuation of the existing, overloaded system.¹²⁸

A little progress was forthcoming in Natal, however. In 1924, nearly six years after the 'flu had driven home the pressing need for fully-qualified Black nurses,¹²⁹ the Natal Medical Council formally recognized the McCord Zulu Hospital in Durban as a training-school for Black nurses.¹³⁰ Until then the Victoria Hospital at Lovedale and Crown Mines Hospital on the Rand had been the only two recognized institutions in South Africa for training Black nurses.¹³¹

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126. TTGC Proceedings and Reports, 1919, pp.146-148 and TTGC Proceedings and Reports, 1920, p.xv.
127. TTGC Proceedings and Reports, 1921, pp.37-39, 58-63, 170-172, 178-179.
128. CACT: CMT 3/654, file 'TTGC Select Committee on Public Health 1921', Copy of Minute by Secretary for Public Health, 2/11/1921 and draft Circular from Department of Public Health, enclosed in Secretary for Native Affairs to CMT, 15/11/1921; UG 34-'22, p.15.
129. See p.171.
130. C Searle: The History of the Development of Nursing in South Africa 1652-1960 (Cape Town, 1965), p.272. To follow the progress of the scheme, see South African Nursing Record, March 1919, p.102; May 1919, p.143; November 1919, p.91; December 1919, p.291; May 1920, p.402; Medical Journal of South Africa, May 1919, p.466; December 1919, p.115; February 1920, p.168; June 1920, p.245.
131. C Searle: History of Development of Nursing in South Africa, p.268; UG 34-'22, p.19; TTGC Proceedings and Reports, 1919, pp.133-134; CACT: CMT 3/653, file 97, Identical Minute from Department of Native Affairs to Native Commissioners and others, 29/4/1919; Transvaal Chamber of Mines: 29th Annual Report for 1918, p.45. In addition, some form of training Black nurses was being undertaken at Butterworth and Klerksdorp, but this does not seem to have been officially recognized (The Star, 25/6/1919; TTGC Proceedings and Reports, 1919, pp.133-134, and TTGC Proceedings and Reports, 1921, p.62).

In the field of health education, on the recommendation of the Native Education Commission¹³² and the Transkeian Territories General Council,¹³³ hygiene was given a place in the Black primary school syllabus introduced in the Cape in 1922;¹³⁴ the Transvaal Director of Education claimed that this subject was already in the curriculum of Black schools in his province before the influenza epidemic.¹³⁵ Natal determined that, together with elementary physiology, hygiene would be taught in its Black schools from 1919.¹³⁶ With regard to informal health education, a series of articles on elementary health and hygiene by 'Hygienist' in Ilanga lase Natal in 1919¹³⁷ point to a new awareness of such matters among some Blacks. The author believed that there was a 'reasonable demand for correspondence on this subject' and hoped to be 'of good service to your numerous readers.'¹³⁸ Once he had put his moralistic lessons behind him and turned to elementary physiology, he probably was.

At a different level, the experience of the influenza epidemic produced far more immediate results, though there is no way of knowing how thorough or enduring these were.

It is not uncommon for serious crises to bring shifts in or revivals of belief in their wake¹³⁹ and, in this, the 1918 epidemic

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132. CP 4-'20, p.68, para. 63; Union of South Africa: Report of the Interdepartmental Committee on Native Education, 1935-1936, UG 29/1936, para. 35.
133. TTGC Proceedings and Reports, 1919, pp.149-150, and TTGC Proceedings and Reports, 1921, p.38, para. 10, and pp.178-179; CACT: CMT 3/653, file 97, CMT to Secretary for Native Affairs, 16/11/1919.
134. UG 29/1936, para. 35.
135. IEC, vol. 2, file 9, Memorandum by J E Adamson, pp.8-10.
136. Province of Natal: Report of the Superintendent of Education for 1918, NP 4-1919, p.48.
137. Ilanga lase Natal, 14/2/1919, and following editions.
138. Ilanga lase Natal, 14/2/1919.
139. K Burridge: New Heaven New Earth (Oxford, 1980), p.3; R J Morris: Cholera 1832 (London, 1976), p.144; H McLeod: Religion and the People of Western Europe 1789-1970 (Oxford, 1981), p.82; A D Gilbert: Religion and Society in Industrial England (London and New York, 1976), pp.186, 197; M Barkun:

was no exception. Whether they were spurred by the altruistic relief work of missionaries or teachers and students from Christian institutions, by a loss of faith in a traditional religion unable to explain the disaster adequately or by what seemed to be the greater immunity of Christians to the 'flu'¹⁴⁰ and their familiarity with the sometimes effective medicines and treatment being prescribed, many heathens suddenly displayed an unwonted interest in Christianity. They 'faced a situation where the insurance given to them by their system of superstition and magic had failed completely', wrote one Catholic missionary.¹⁴¹ Moreover backsliders probably saw the 'flu as a divine admonition and made haste to return to the ways of the Church.

Missionaries were almost ecstatic at the prospect. 'In our vast Mission fields there are opportunities given the like of which have only come once or twice before,' enthused the Methodist South African Missionary Society,

'and never on so great a scale as at present. The terrible mortality during the epidemic has awakened the heathen peoples as nothing in recent times has done, and they are flocking in large numbers to the Churches, opening their houses for Evangelistic Work, calling Christian people to pray with them, and looking to the Missionaries for direction and help as they have never done before. It is a golden opportunity if we are ready to take it and use it.'¹⁴²

Disaster and the Millenium (New Haven and London, 1974), p.6 and ch. 4 passim.

140. St John's Chronicle, March 1919, p.79; St Cuthbert's Mission: Report for 1918, p.7; Cowley Evangelist, February 1919, p.37; Matatiele Mail, 7/11/1918; Daily Dispatch, 16/11/1918, p.6; IEC, vol. 1, file 4: Evidence of J B Moffat, pp.2, 4 and of J H O'Connell, pp.1-2. However, some heathens interpreted this phenomenon quite differently. They were not attracted by 'a god who was so lacking in impartiality' (D W Semple: A Scots Missionary in the Transkei (Lovedale, 1965), p.65).
141. F Schimlek: Mariannhill, p.211. See too Terence Ranger's reference to the 'conceptual crisis' for Africans posed by the 'flu (T Ranger: 'Medical Science and Pentecost' in W J Sheils (ed.): The Church and Healing (Oxford, 1982), p.355).
142. Wesleyan Methodist Church of South Africa: 37th Report of South African Missionary Society (1919), p.1.

The energetic efforts which followed this exhortation did not go unrewarded, for Methodist station after station reported revivals and conversions on an unprecedented scale during the months after the epidemic had struck¹⁴³ - so much so, in fact, that already by January 1919 the Clarkebury District Synod could speak of 'the compensating blessings accompanying the ravages of the recent influenza epidemic seen in the awakened interest among the heathen, and a desire for the Word of God.'¹⁴⁴ Missionaries of other denominations reported a similar increase in new catechumens and repentant recidivists.¹⁴⁵ 'God fulfils Himself in many ways', observed one missionary wondrously.¹⁴⁶

Yet, Christianity and its associations did not provide the answer to all Blacks who had lost family and friends in the epidemic. Some Black Christians in the Transkei were so disillusioned by that religion's inability to protect and comfort them at such a time of crisis that they turned their backs on Christianity completely.¹⁴⁷ Elsewhere in Africa, others sought new avenues within Christianity as a result of their dissatisfaction with the behaviour of the established churches during the crisis¹⁴⁸ or

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143. Wesleyan Methodist Church of South Africa: 37th Report of South African Missionary Society (1919), pp.6-21.
144. Daily Dispatch, 21/1/1919, p.9. For a similar view see Diamond Fields Advertiser, 24/1/1919, p.7.
145. Presbyterian Church of South Africa: Proceedings of 20th General Assembly 1919, p.122; Cowley Evangelist, March 1919, p.56; April 1919, p.77; SSM Quarterly Paper, Michaelmas 1919, pp.10, 11; St Matthew's College Magazine, April 1919, p.2; St John's Chronicle, March 1919, p.79; St Cuthbert's Mission: Report for 1918, p.8; M Houghton: SSM at TY (Moriya, 1976), p.36.
146. Wesleyan Methodist Church of South Africa: 37th Report of South African Missionary Society (1919), p.13.
147. Cowley Evangelist, April 1919, pp.76-7. For a similar response in Nyasaland see De Koningsbode, August 1919, p.156. Understandably, contemporary mission journals carry few references to such reactions.
148. D B Barrett: Schism and Renewal in Africa (Nairobi, Addis Ababa and Lusaka, 1968), p.73; H W Turner: Religious Innovation in Africa (Boston, 1979), pp.4, 229; M -L Martin: Kimbangu - An African Prophet and His Church (Oxford, 1975), p.44; J D Y Peel: Aladura: A Religious Movement Among the Yoruba (London, 1968), pp.60, 62-63.

because they interpreted the devastating epidemic as a sign from God.¹⁴⁹ Both Barrett and Turner note that several new independent churches were set up in Africa soon after 1918 and they link this development with the impact of the Spanish 'flu epidemic.¹⁵⁰ It is probable that South Africa shared in this phenomenon: the 'flu featured prominently in the creation of the Church of the Saints, the one independent church established at this time to have left detailed records.¹⁵¹ Both its founders, John Mtanti and George Khambule, received their initial inspirations in the midst of the epidemic. Khambule had been so shaken by the death of his mistress from Spanish 'flu,

'that he himself - in those terrible months of influenza and rumours of death everywhere - fell ill and was taken to hospital. There in the evening he "died", and woke up again at 4 a.m. the following morning. He knew then that he had been through a terrifying experience.... He saw there his own corpse, foul and smelling, and his wife crying beside it. Then he was told: Return to the earth to save its inhabitants.'¹⁵²

Within traditional circles the epidemic had spiritual consequences too. In Zululand it was followed by an extensive outburst of amandawe or amandiki spirit possession.¹⁵³ The symptoms resembled those of hysteria or a nervous breakdown. 'You cry for nothing

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149. On post-'flu millennialism, see ch. 8, p.267. It is worth noting that at least two men who established independent churches or orders after the 'flu had had the disease themselves or had lost close acquaintances through it (T O Ranger in W J Sheils (ed.): The Church and Healing, p.350 and B M G Sundkler: Zulu Zion and Some Swazi Zionists (London, 1976), p.125).
150. D B Barrett: Schism and Renewal in Africa, p.73; H W Turner: Religious Innovation in Africa, pp.4-5, 11, 125, 229.
151. B Sundkler: Zulu Zion, ch. 4.
152. Ibid., p.125. If his illness was also Spanish 'flu, it is possible that his 'death' was a case of the deep coma which sometimes accompanied serious attacks of the disease (see ch. 7, p.
153. B Sundkler: Bantu Prophets in South Africa, p.23; Interviews with Mrs P Mhlungu and Mr W Kubeka.

...for a while, then you come up again like recovering from/ a stroke', recalled a woman who was stricken by it.¹⁵⁴ Perhaps these symptoms were the result of traumatic experiences during the epidemic when many were hastily buried without due ceremony.¹⁵⁵ Extended treatment by a witchdoctor was required to cure these amandawu and amandiki.¹⁵⁶

It was not only religious ideas which the episode of the 'flu epidemic helped to spread among rural Blacks. Traders reported that after it had waned in the Transkei, 'red' Xhosa began to buy tea, coffee and sugar in large quantities, supposedly because they associated these commodities with the greater immunity of the 'school' people during the epidemic.¹⁵⁷

It is also likely that some of those who survived after inoculation, hospitalization or medical treatment thereby had their suspicion of Western medicine diminished. 'In some ways the epidemic may be considered a boon', concluded the Superintendent of St Barnabas' Hospital in West Pondoland,

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154. Interview with Mrs P Mhlungu. For other accounts of the symptoms, see B Sundkler: Bantu Prophets in South Africa, p.23; H Ngubane: Body and Mind in Zulu Medicine, p.143 and S G Lee: 'Spirit Possession among the Zulu' in J Beattie and J Middleton (eds.): Spirit Mediumship and Society in Africa (London, 1969), pp.131-133. These symptoms also resembled those of post-'flu melancholia (see ch. 10, p.348). It would be satisfying to explain amandawe/amandiki in this way, but these forms of possession occurred at other times of crisis too (see B Sundkler: Bantu Prophets in South Africa, p.23; H Ngubane: Body and Mind in Zulu Medicine, pp.142, 146-7 and S G Lee in Beattie and Middleton (eds.): Spirit Mediumship and Society in Africa, pp.130, 133).
155. For a discussion of possible causes, see S G Lee in Beattie and Middleton (eds.): Spirit Mediumship and Society in Africa, p.133 and H Ngubane: Body and Mind in Zulu Medicine, pp.142-144, 146-148.
156. H Ngubane: Body and Mind in Zulu Medicine, pp.143-144; B Sundkler: Bantu Prophets in South Africa, p.23; Interview with Mrs P Mhlungu.
157. J T Kenyon: An Address on the General Council Administrative System of the Transkeian Territories (n.p., 1932), p.9.

'for it broke down the prejudice against us which has existed in the minds of some of our neighbours; they were only too glad to come into hospital and be cared for when a whole household went down at once with the disease.'¹⁵⁸

Recognizing the power of successful treatment to impress people, the Magistrate of Kingwilliamstown agreed that inoculation should continue in his District after the 'flu had ebbed. He 'did it for educational purposes - i.e. to gain the natives' confidence in the event of a future epidemic', he told the Influenza Epidemic Commission, adding confidently, 'There would be very little difficulty in future with respect to inoculation.'¹⁵⁹ The effect on a 'red' mother in the Kentani District of having her 'flu-stricken son doctored back to health with Western medicine can be gauged from her lavish praise for Whites who were, in her words, 'a great race, God-fearing and kind to those in distress, and to them should be entrusted the affairs of the world.'¹⁶⁰

The economic consequences of the influenza epidemic were extensive. The death or post-'flu debility of many young migrant workers hit their dependent families hard and often these were left destitute, falling into arrears with the payment of taxes as a result.¹⁶¹ This situation was aggravated by the failure of early crops at the beginning of 1919 because of the prevailing drought. Previously there had been a breadwinner to go out to the mines in such a situation, but now there was no-one.¹⁶²

Far more serious was the combined effect of the 'flu and this drought on sowing. In many districts of the Transkei and Border

158. Daily Dispatch, 15/4/1919, p.7. See too F Schimlek: Mariannhill, p.212.

159. IEC, vol. 1, file 4: Evidence of J H O'Connell, p.5.

160. Transkeian Gazette, 26/12/1918.

161. CA: GNLB 47, file 1159/12/D 38(1), Magistrate Mtunzini to Chief Native Commissioner, Pietermaritzburg, 4/6/1919; JUS 190, file 1/307/19, Annual Report of Magistrate Peddie, 1919; CACT: CMT 3/903, file 728.2, Acting CMT to Secretary for Native Affairs, 4/2/1919; Magistrate Engcobo to CMT, 31/12/1918; CMT 3/920, file 774.3 no. 1, Acting Assistant CMT to Secretary for Native Affairs, 22/8/1919.

162. Christian Express, 1/2/1919, pp.20-21.

*dryer
rains while people*

the epidemic coincided with the only substantial rains that fell during the spring-summer planting period for maize and grain sorghum (Kaffir corn). The months which followed were dry - anything but ideal for sowing grain properly. Thus, by incapacitating so many peasants and their families at the one period when ploughing and sowing could have been undertaken successfully, the 'flu epidemic was partially responsible for that season's poor harvest.¹⁶³ Typical was what happened in the Mount Frere District, where some 3 000 people were believed to have died of Spanish influenza. 'Owing to the scarcity of labour through this disease during the ploughing season and the very dry weather', reported the commandant of a police patrol, 'only about one third of the lands have been put under cultivation this year.'¹⁶⁴ At the end of January 1919, by which time the planting-season was over, the Department of Agriculture estimated that in the Transkei 22% less land had been sown with maize and grain sorghum than in the poor 1917-1918 season; in the Border districts the figures were 41% less (maize) and 58% less (grain sorghum).¹⁶⁵ So disturbed was the Native Affairs Department by this failure to plough and sow that it earnestly asked its officials whether this might be 'due to the existence of a native custom favouring this course after an

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163. For a similar result of the 'flu epidemic in Tanganyika, see T O Beidelman: Colonial Evangelism - A Socio-Historical Study of an East African Mission at the Grassroots (Bloomington, 1982), p.80.
164. CACT: CMT 3/869, file 638.1, Report by Commandant, SA Police Mobile Squadron on Patrol to Mount Frere District, n.d. For similar descriptions, see CACT: CMT 3/903, file 728.2, Magistrate Willowvale to CMT, 6/12/1918; Magistrate Ngqeleni to CMT, 7/12/1918; Magistrate Matatiele to CMT, 11/12/1918; Magistrate Port St Jons to CMT, 11/12/1918; Magistrate Mount Fletcher to CMT, 12/12/1918; Magistrate Tabankulu to CMT, 14/12/1918; 1/KNT 28, file 12 vol. 4, Telegram from Magistrate Kentani to 'Crops', Pretoria, 9/1/1919; CA: NTS 320, file 1659/17/F.860, Superintendent of Natives, Keiskama Hoek to Magistrate Keiskama Hoek, 31/10/1918; Christian Express, 1/1/1919, pp.3, 5 and 1/2/1919, p.20; Matatiele Mail, 28/11/1918; Daily Dispatch, 27/1/1919, p.6 and 11/2/1919, p.7; News-letter, December 1918, p.351.
165. Union of South Africa, Department of Agriculture: Crop and Livestock Report for January 1919, no. 7, 1918-1919, p.4. (copy of this Report in CACT: 1/KNT 28, file 12, vol. 4).

epidemic.'¹⁶⁶ Replies from the Transkei were negative,¹⁶⁷ but all officials warned of serious shortages of grain in prospect. I have to state', wrote the Acting Chief Magistrate ominously in February 1919,

'that with the exception of a few favoured spots of limited extent, the crops in the Transkeian Territories will fail more completely than has been the case for many years.'¹⁶⁸

Harvest-time in May, June and July 1919 confirmed this. Maize crops in the Transkei were expected to be 31% below what the Department of Agriculture considered normal; grain sorghum crops would be an estimated 27% less. Final forecasts of yields in the Border districts were far lower: maize would be 60% below normal, grain sorghum 70%.¹⁶⁹

In the Transkei, the western parts seem to have suffered most: for instance, at the end of July, a correspondent in St Mark's reported tersely that starvation was 'staring the natives in the face' there,¹⁷⁰ while in the Butterworth District crops were 'so poor as to be almost negligible', wrote the Acting Magistrate.¹⁷¹ By the end of August the Acting Assistant Chief Magistrate was of

166. CACT: CMT 3/903, file 728.2, Union Circular from Secretary for Native Affairs, 13/11/1918.

167. CACT: CMT 3/903, file 728.2, CMT to Secretary for Native Affairs, 20/11/1918; 1/UTA 6/1/219, file 28, vol. 10, Resolution by Umtata District Council, 25/11/1918.

168. CACT: CMT 3/903, file 728.2, Acting CMT to Secretary for Native Affairs, 4/2/1919.

169. Union of South Africa, Department of Agriculture: Crop and Livestock Report for June 1919, no. 12, 1918-1919, p.4. (Copy of this Report in CACT: 1/KNT 28, file 12, vol. 4).

170. Daily Dispatch, 30/7/1919, p.11.

171. CACT: CMT 3/920, file 774.3 no. 1, Acting Resident Magistrate Butterworth to CMT, 2/9/1919. For other areas seriously affected, see CACT: CMT 3/920, file 774.3 no. 1, Copies of letters from Traders to Magistrate Idutywa; Magistrate Engcobo to CMT, 29/8/1919; Magistrate Tsolo to CMT, 23/9/1919; 1/CAA 3, file 8 vol. 3, Telegram from Magistrate Cala to CMT, 21/8/1919; Daily Dispatch, 22/8/1919, p.6 and 25/9/1919, p.4.

the opinion that there was a chance of 'a famine, the like of which has not been experienced for many years.'¹⁷² Conditions in Border districts like Victoria East and Kingwilliamstown were as bad, if not worse. There are reports of Blacks in these congested areas eating only once a day,¹⁷³ of sheep being milked to feed children,¹⁷⁴ pupils being too weak to attend school¹⁷⁵ and debility, scurvy and emaciation spreading among the population.¹⁷⁶ 'A situation is arising fitted to reduce the people to despair', warned the principal of Lovedale.¹⁷⁷

Not many avenues were open to those seeking to escape starvation. Some borrowed money for food or bought on credit,¹⁷⁸ others turned to stealing food, stock or whatever could be sold for cash to purchase grain. There was a substantial increase in such cases in the Transkei and Eastern Cape in 1919. 'The Influenza Epidemic, followed by the drought, are, in the main, accountable...', believed the Commissioner of Police for the Transkei.¹⁷⁹

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172. CACT: CMT 3/920, file 774.3 no. 1, Acting Assistant CMT to Secretary for Native Affairs, 22/8/1919.
173. Daily Dispatch, 18/8/1919, p.3; Christian Express, 1/9/1919, p.130.
174. Daily Dispatch, 13/8/1919, p.9.
175. CA: NTS 101, Unnumbered file, Petition from Native Teachers' Association, Annshaw to L Botha, Premier, 15/8/1919.
176. Christian Express, 1/9/1919, p.130.
177. Daily Dispatch, 18/8/1919, p.3. See too CA: NTS 101, Unnumbered file, Draft letter from Secretary for Native Affairs to Private Secretary to Minister of Finance, 6/9/1919; Magistrate Middeldrift to Magistrate Kingwilliamstown, 28/7/1919; District Commandant Mason to Magistrate Kingwilliamstown, 15/8/1919; Magistrate Fort Beaufort to Secretary for Native Affairs, 20/8/1919; Magistrate East London to Secretary for Native Affairs, 9/9/1919; Magistrate Komgha to Secretary for Native Affairs, 9/9/1919; Magistrate Herschel to Secretary for Native Affairs, 8/9/1919; Magistrate Lady Frere to Secretary for Native Affairs, 8/9/1919.
178. CACT: CMT 3/920, file 774.3 no. 1, Acting Magistrate Umtata to CMT, 11/2/1919; CA: NTS 101, Unnumbered file, Magistrate East London to Secretary for Native Affairs, 9/9/1919.
179. Union of South Africa: Report of the Commissioner, South African Police for 1919, UG 3-'21, p.45. See too, Daily Dispatch, 30/7/1919, p.11.

A few families trekked to districts where food was more plentiful,¹⁸⁰ while others sold some of their stock to buy grain, even though many of the animals were in poor condition because of the drought and prices paid were low.¹⁸¹ Many young men resorted to migrant labour, an increasingly common decision in the face of natural disaster or economic pressure.¹⁸² Between 1 September 1919 and 12 January 1920 some 8340 Blacks passed through the disinfection depot at Sterkstroom Junction on their way north.¹⁸³ The result of this exodus was disastrous for the families and communities left behind. 'The number of able bodied men in these [Transkeian] Territories at present is scarcely in excess of the minimum necessary for carrying on the work of looking after the stock and doing the ploughing when the rains come', a senior official noted late in August 1919.¹⁸⁴ Those left at home were 'the women, children, and sick,' recorded a missionary in the Victoria East District, 'and there is no food for them.' As for those families unable to send out a migrant worker as he had died in the 'flu epidemic, 'the cry of hunger is coming from their kraals.'¹⁸⁵

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180. CACT: CMT 3/920, file 774.3 no. 1, Magistrate Cofimvaba to CMT, 8/9/1919.
181. CA: NTS 101, Unnumbered file, Draft letter from Secretary for Native Affairs to Private Secretary to Minister of Finance, 6/9/1919; CACT: CMT 3/920, file 774.3 no. 1, Telegram from Magistrate Libode to CMT, 11/12/1919; 1/CAA 3, file 8 vol. 3, F Morris to Magistrate Cala, 24/12/1919.
182. CA: GNLB 49, file 1159/12/38 (28), Magistrate Lady Frere to Secretary for Native Affairs, 10/10/1919; Circular from Director of Native Labour to All Inspectors, 15/10/1919; Standard Bank Archives, Johannesburg: Inspection Report, Umtata, 20/9/1919, p.13; Daily Dispatch, 22/8/1919, p.6. W Beinart and C Bundy: 'State Intervention and Rural Resistance - The Transkei 1900-1965' in M A Klein (ed.): Peasants in Africa (Beverly Hills and London, 1980), p.285.
183. CA: NTS 101, Unnumbered file, J Liepert(?) to Secretary for Native Affairs, 12/1/1920.
184. CACT: CMT 3/920, file 774.3 no. 1, Acting Assistant CMT to Secretary for Native Affairs, 22/8/1919.
185. Daily Dispatch, 6/8/1919, p.5. See too CACT: CMT 3/920, file 774.3 no. 2, Statement by Chief Silimela enclosed in Magistrate Engcobo to CMT, 22/1/1920.

The Central Government was slow to come to the aid of these distressed areas, as it was reluctant to check the stream of migrant workers going to the labour-hungry mines¹⁸⁶ and other industries. At all costs it wished to avoid the impression that it was

'rushing into those districts at public expense enormous quantities of grain for issue free of cost to natives who are able but unwilling to work for their own support, and thus at once pauperising the people and accentuating the shortage of native labour of which there is complaint throughout the Union.'¹⁸⁷

In this desire it was strongly supported by local officials who echoed one another in deprecating the issuing of grain free of charge or on generous terms of credit.¹⁸⁸ 'The native is too prone to habits of idleness and improvidence', argued the Additional Magistrate of Kingwilliamstown, 'and it is essential that they be trained to be more self-dependent....A great many natives have gone out to work but there are still a large number of able bodied adults who have not done so....'¹⁸⁹

The Government finally agreed to act, when it became clear that Blacks had become almost wholly dependent on local traders for

186. See ch. 1, p.18.

187. CA: NTS 101, Unnumbered file, Anonymous and undated typescript Memorandum [Native Affairs Department Memorandum, early 1920?]

188. CACT: CMT 3/903, file 728.2, Magistrate Matatiele to CMT, 11/12/1918; Acting CMT to Secretary for Native Affairs, 4/2/1919; CMT 3/920, file 774.3 no. 1, Telegram from Acting Assistant CMT to 'Natives', Pretoria, 10/12/1919; CA: NTS 101, Unnumbered file, Additional Magistrate Kingwilliamstown to Magistrate Kingwilliamstown, 20/8/1919; South African Library MSS Department: MSC 15 (Merriman Correspondence), Letter 207 from M G Apthorp to J X Merriman, 28/5/1919.

189. CA: NTS 101, Unnumbered file, Additional Magistrate Kingwilliamstown to Magistrate Kingwilliamstown, 20/8/1919.

grain¹⁹⁰ and that the cost of this was escalating sharply.¹⁹¹ In September 1919 Magistrates in the distressed districts were authorized to buy grain from co-operative stores and resell it to needy Blacks at cost price; if they were unable to pay cash, explained the Department of Native Affairs, advances could be made on the best security available, but these 'should be kept down [as] much as possible.' £50 000 was set aside for such purchases.¹⁹² It is likely that families particularly hard hit by the 'flu were given special consideration.¹⁹³

But, the severe drought persisted and acute famine took hold of some districts.¹⁹⁴ In response to urgent appeals for action by

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190. CACT: 1/CAA 3, file 8 vol. 3, Circular Minute from CMT, 12/8/1919; CMT 3/920, file 774.3 no. 1, Resolution by Butterworth District Council, 28/8/1919 enclosed in Acting Chairman Butterworth District Council to CMT, 6/9/1919; I/IDW 21, file 63 vol. 4, Letters from Traders in Idutywa District to Magistrate Idutywa; CA: NTS 101, Unnumbered file, Magistrate Peddie to Secretary for Native Affairs, 9/8/1919; Magistrate East London to Secretary for Native Affairs, 9/9/1919; Daily Dispatch, 30/7/1919, p.11; 25/9/1919, p.9; 22/11/1919, p.12.
191. CA: NTS 101, Unnumbered file, Draft letter from Secretary for Native Affairs to Private Secretary to Minister of Finance, 6/9/1919; Secretary for Native Affairs to Secretary Cost of Living Commission, 21/8/1919; Note on Question by Senator Schreiner, 9/9/1919; Secretary for Native Affairs to Secretary for Agriculture, 19/8/1919; Magistrate Middelrift to Magistrate Kingwilliamstown, 7/8/1919; Principal of Lovedale to Secretary for Native Affairs, 13/8/1919; Telegram from Divisional Council Victoria East to Department of Native Affairs, 15/8/1919; CACT: 1/CAA 3, file 8 vol. 3, Telegram from Magistrate Cala to CMT, 15/9/1919; Daily Dispatch, 22/8/1919, p.6 and 25/9/1919, p.9.
192. CA: GNLB 49, file 1159/12/38(28), Telegram from 'Natives', Cape Town to 'Natives' Pretoria, 9/9/1919.
193. CACT: CMT 3/903, file 728.2, Acting CMT to Secretary for Native Affairs, 4/2/1919.
194. CACT: 1/CAA 3, file 8 vol. 3, Telegram from CMT to Magistrate Cala, 10/12/1919; CMT 3/920, file 774.3 no. 1, Magistrate Bizana to CMT, 20/11/1919; Telegram from Magistrate Bizana to CMT, 12/12/1919; Telegram from Secretary for Native Affairs to CMT, 10/12/1919; Telegram from Magistrate Engcobo to CMT, circa 11/12/1919; Telegram from Magistrate Libode to CMT, 11/12/1919; Telegram from

traders, chiefs, officials, MLAs and MPCs¹⁹⁵ and even to suggestions that looting and unrest might occur,¹⁹⁶ further relief-measures were taken before the end of 1919. To keep the price from rising further, the export of maize overseas was restricted,¹⁹⁷ while in eight Border Districts grain was issued directly to Blacks in desperate straits, with payment to be made in the future. Early maturing varieties of maize and beans were also supplied for immediate planting.¹⁹⁸ Similar bean-seed was provided for Transkei peasants on easy terms and to speed up the distribution of consignments of grain held up at stations serving the

Magistrate Tabankulu to CMT, 23/12/1919; Telegram from Magistrate Mount Ayliff to CMT, 11/12/1919; Telegrams from Magistrate Cofimvaba to CMT, 11/12/1919 and 23/12/1919; Daily Dispatch, 25/9/1919, p.9.

195. CA: NTS 101, Unnumbered file, Draft letter from Secretary for Native Affairs to Private Secretary to Minister of Finance, 6/9/1919; Note on Questions by Senator Schreiner and C A Schweitzer, 9/9/1919; Telegram from Yates, Mount Frere to J G King, 15/9/1919; Telegram from Divisional Council Victoria East to Department of Native Affairs, 19/7/1919; Magistrate Lady Frere to Secretary for Native Affairs, 13/8/1919; Telegram from Mayor Alice to Native Affairs Department, 22/8/1919; NTS 101, file 351/16/179, Magistrate Willowvale to Director of Native Labour, n.d.; GNLB 49, file 1159/12/38(28), J N McKenzie to Director of Native Labour, 26/12/1919 and 13/1/1920; CACT: CMT 3/920, file 774.3 no. 1, Telegram from Secretary for Native Affairs to CMT, 10/12/1919; Magistrate Engcobo to CMT, 29/8/1919; Magistrate Tabankulu to CMT, 23/12/1919; Telegram from Magistrate Cofimvaba to CMT, 23/12/1919; 1/CAA 3, file 8 vol. 3, Telegram from Magistrate Cala to CMT, 15/9/1919; F Morris to Magistrate Cala, 24/12/1919; Daily Dispatch, 22/8/1919, p.6 and 17/9/1919, p.5.
196. CA: GNLB 49, file 1159/12/38(28), J N McKenzie to Director of Native Labour, 26/12/1919 and 13/1/1920; NTS 101, Unnumbered file, Principal Lovedale to Secretary for Native Affairs, 13/8/1919; CACT: CMT 3/920, file 774.3 no. 1, Telegram from Magistrate Cofimvaba to CMT, 23/12/1919.
197. TTGC Proceedings and Reports, 1920, p.37.
198. CA: NTS 101, Unnumbered file, Anonymous and undated typescript Memorandum [Native Affairs Department Memorandum, early 1920?]. For an example of a new crop being introduced in the wake of the Spanish 'flu epidemic in parts of Nigeria, see D C Ohadike: 'The Influenza Pandemic of 1918-19 and the Spread of Cassava Cultivation on the Lower Niger: A Study in Historical Linkages' in Journal of African History, vol. 22 (1981).

territory, lorries were made available.¹⁹⁹ The Native Recruiting Corporation was also prepared to help, provided it secured more labour from the arrangement: the 1911 Native Labour Regulation Act was amended to allow two bags of grain to be advanced to recruits upon attestation, while the ceiling for remittances home from the mines was raised from £2 to £5.²⁰⁰ 'It was thus hoped that by enabling the Natives to provide for the maintenance of their families during their absence', explained the Secretary for Native Affairs, 'they would the more readily proceed to the labour centres.'²⁰¹

By January 1920 the various relief schemes were in operation and many Blacks in the Transkei and Border were in debt. bound hand and foot to the Government, local traders or labour recruiting organizations. The officer in charge of the emergency organization to transport grain to traders described this situation in a matter-of-fact way:

'The whole of the Transkei appears to be living from hand to mouth and any failure of supply or of transport causes local shortages which bring many natives within sight of starvation. Recruiting for the mines is proceeding very briskly. The local agent tells me he averages about 150 applications a day in Umtata alone.'²⁰²

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199. CA: NTS 101, Unnumbered file, Anonymous and undated typescript Memorandum [Native Affairs Department Memorandum, early 1920?].
200. CA: GNLB 49, file 1159/12/38(28), Circular Minute from Director of Native Labour to All Magistrates in Cape Province, 21/1/1920; Secretary for Native Affairs to Director of Native Labour, 7/2/1920; Native Recruiting Corporation Limited: Report of Board of Management for 1919-1920, p.7.
201. CA: GNLB 49, file 1159/12/38(28): Secretary for Native Affairs to Director of Native Labour, 7/2/1920.
202. CA: NTS 101, Unnumbered file, Lieutenant Colonel J G Rose to Secretary for Native Affairs, 29/1/1920.

The Spanish 'flu epidemic was an event which, in several parts of the Union, shook rural Black society to its foundations. 'Those that lived, lived; those that died, died', was the stark comment of one survivor sixty years later.²⁰³ In demographic terms,²⁰⁴ the 'flu was the most devastating single episode within Black South Africa's experience. Its effects were felt at every level, from individuals to entire communities. It left an indelible impression on all who lived through it - in popular memory it became a landmark event from which events were dated as so many years before or after 'the influenza'.²⁰⁵

In structural terms, its permanent effects on Black rural areas (particularly the Transkei, Eastern Cape and Border) lay in the way in which it accelerated the integration of these areas and their inhabitants into the economy and culture of metropolitan South Africa, with its capitalist, mining-dominated economy and its Western ideas and mores concerning burials, Christianity and the prevention and treatment of disease. This process had already been in progress in a haphazard way for a long time before 1918.²⁰⁶ The influenza epidemic helped to ensure that it continued on a basis of dependence.

203. Interview with Mr D Balose.

204. See ch. 9, pp.290-292.

205. J Branford (ed.): A Dictionary of South African English (Cape Town, 1978), pp.70-1; Letters to author from Dr J Branford, 24/11/1978, and Miss S Clear, 7/2/1983; Interviews at Winterveld, 25/7/1981. For a similar practice in Nigeria, see E Isichei: A History of the Igbo People (London, 1976), p.224; J D Y Peel: Aladura, p.62, n.4 and D C Ohadike: 'The Influenza Pandemic...and the Spread of Cassava Cultivation...' in Journal of African History, vol. 22 (1981), p.386.

206. W Beinart and C Bundy in M Klein (ed.): Peasants in Africa, p.275; C Bundy: The Rise and Fall of the South African Peasantry (London, 1979), especially ch. 4.

CHAPTER 6

THE PUBLIC HEALTH DEPARTMENT

For the Public Health Department of the new Union of South Africa, the Spanish 'flu epidemic was a very severe baptism of fire. It had existed as a separate sub-department within the Department of the Interior only since December 1917¹ and even then, the change from the largely advisory role which its officials had performed since 1910 was, in the words of its head, Dr F A Arnold, 'really very slight'.² In the absence of a Union Public Health Act, its functions remained undefined, its powers unspecified and its establishment small.

Apart from Arnold himself, his deputy, Dr J A Mitchell, and a third medical officer, the Department in Pretoria consisted of no more than a few clerks and administrative officials. In each of the other provinces it had a provincial Medical Officer of Health,³ while all nine Port Health Officers fell under its authority.⁴ For the rest, the Department relied on the over 200 District Surgeons throughout the country who came under its jurisdiction; however, as most of their posts were part-time appointments, these men had practices of their own too. In 1918, moreover, twenty District Surgeoncies were vacant, due to war-time service and the generally unattractive conditions of employment.⁵ The Department had no research laboratory of

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1. Cape Archives: 3/BKE, file 9/1, Circular no. 62 from Dept. of Interior to All Magistrates and Local Authorities, 6/11/1917.
 2. IEC, vol. 2, file 8, part 2: Evidence of Dr F A Arnold, p. 7.
 3. IEC, vol. 1, file 1: Evidence of Dr Arnold, p. 18.
 4. IEC, vol. 1, file 1: Appendix to Evidence of Dr Arnold, Memorandum on Medical Service, 9/12/1918, p. 1; Union of South Africa: Report of the Influenza Epidemic Commission, U G 15-'19, Appendix H.
 5. IEC, vol. 1, file 1: Evidence of Dr Arnold, pp. 18, 20; Appendix to Evidence of Dr Arnold, Memorandum on Medical Service, 9/12/1918, p. 1.

its own, but the South African Institute for Medical Research (SAIMR) in Johannesburg did undertake some bacteriological research on its behalf; the three Government Laboratories which did exist (one each in Cape Town, Bloemfontein and Durban) were small and primarily engaged in routine diagnostic work.⁶ In sum, therefore, in 1918 the Public Health Department was 'still really in embryo', as Dr Mitchell put it,⁷ a view shared by Dr Arnold who felt that 'it remained just as inadequate from the public point of view as it had been since 1910'.⁸

In addition to being handicapped by these structural deficiencies, the Department found that the Spanish 'flu epidemic posed peculiar problems, which meant that it was caught almost wholly unprepared. Firstly, it had little inkling that the epidemic was spreading to South Africa in the latter part of 1918, for nowhere in the world was influenza a notifiable disease. It thus received no official notice that ships coming to the Union might be carrying the disease.⁹ Unofficially, because of the war, there was little news of the epidemic in Europe. Press reports and medical journals which did mention it suggested it was marked by high infectivity but low mortality.¹⁰ Even if it did eventually spread to South Africa, reasoned

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6. IEC, vol. 1, file 1: Evidence of Dr Arnold, p. 19; Evidence of Dr J A Mitchell, pp. 76-77; vol. 2, file 8, part 2: Evidence of Dr Arnold, p. 14; Evidence of Dr Mitchell, p. 17.
 7. IEC, vol. 2, file 8, part 2: Evidence of Dr Mitchell, p. 3.
 8. IEC, vol. 2, file 8, part 2: Evidence of Dr Arnold, p. 7.
 9. IEC, vol. 1, file 1: Evidence of Dr Arnold, p. 9; Evidence of Dr Mitchell, pp. 65, 80; vol. 2, file 6: Evidence of Dr F C Willmot, pp. 2, 11. Once the epidemic had taken a serious form in the Union, the Government did try to warn countries it believed had not yet been infected (see Central Archives (hereafter CA): GG 924, file 33/1014, Telegrams from Governor-General Union of South Africa to Australia, New Zealand, Mauritius, India, Straits Settlements and Madagascar, 12/10/1918).
 10. IEC, vol. 1, file 1: Evidence of Dr Mitchell, pp. 73, 80; vol. 2, file 8, part 2: Evidence of Dr Arnold, p. 1; C. Graves: Invasion by Virus. Can it happen again? (London, 1969), p. 16.

Dr Mitchell, had the last influenza pandemic of 1889-90 not proved very mild when it had finally reached the country?¹¹ Well could he tell the Influenza Epidemic Commission,

'The nett result of the information available up to the commencement of the South African outbreak was that the disease was not one in respect of which drastic and far reaching measures interfering with the commercial and general life of the country were justifiable.'¹²

Nor did the first manifestations of Spanish 'flu in the country in September 1918 shake these beliefs, for, both in Durban¹³ and on the Rand gold mines,¹⁴ it took a mild form. Even its introduction to Cape Town was undramatic.¹⁵ The reason that Dr Willmot, the local MOH of the Department, ordered special precautions to be taken when the 'Jaroslav' docked in Cape Town on 13 September 1918 was that he thought that there might be a link between one death on board and a number of mild cases of influenza which had occurred after the ship had called at the infected port of Freetown.¹⁶ Until he was satisfied that there was no such connection, the troops which she had brought home to be demobilised were quarantined at Rosebank Camp. After two days, during which time none of them displayed symptoms of 'flu or any other illness, they were permitted to entrain for home.

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11. IEC, vol. 1, file 1: Evidence of Dr Mitchell, pp. 75, 80; vol. 2, file 8, part 2: Evidence of Dr Mitchell, p. 13.
 12. IEC, vol. 1, file 1: Evidence of Dr Mitchell, p. 73.
 13. Ibid., p. 75; IEC, vol. 2, file 8, part 2: Evidence of Dr Mitchell, p. 13.
 14. IEC, vol. 1, file 1: Evidence of Dr Mitchell, p. 81; vol. 2, file 8, part 2: Evidence of Dr Mitchell, pp. 3, 13. See too Chapter 1, p.11.
 15. For a detailed account of the episode, with full references, see Chapter 2, pp.24-30.
 16. IEC, vol. 2, file 7, part 1: Written Evidence by Dr Willmot, 29/11/1918, p. 2.

When Willmot discovered that influenza had begun to appear among camp staff and other troops at Rosebank, he telegraphed this information to his superiors in Pretoria who approved the precautions he had taken.¹⁷ Reassured, he prescribed these as the measures to be followed prior to the discharge of any further military 'flu contacts; as an added safeguard, he asked the Government Bacteriologist in Cape Town to prepare anti-influenza vaccine from cases still in hospital.¹⁸ Thereafter, believing that he had taken all steps necessary to check the infectious but mild strain of 'flu, he left for George on Departmental business.

From these actions, it is clear that the Department of Public Health's officers had no idea that the strain of influenza they were dealing with had a capacity to become more virulent. Of a deadly influenza epidemic there was no thought. It is not surprising that their testimony to the Influenza Epidemic Commission emphasised this. Willmot explained defensively:

'He had no reason to think that the disease on the "Jaroslav" was not clinically identical with the mild cases described by the officers of the other boats ... [H]e thought the disease would spread but he had no information at that time in any way to indicate that the disease was serious from a mortality point of view, only from a point of view of infectivity.'¹⁹

An exchange between Dr Arnold and a member of the Commission points in the same direction:

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- 17. IEC, vol. 2, file 6: Evidence of Dr Willmot, p. 2; vol. 2, file 7, part 1: Written Evidence by Dr Willmot, 29/11/1918, p. 2; vol. 2, file 8, part 2: Evidence of Dr Arnold, p. 1.
 - 18. IEC, vol. 2, file 6: Evidence of Dr Willmot, p. 8. Possibly his intention was to try to protect troops and staff at Rosebank against further attacks.
 - 19. IEC, vol. 2, file 6: Evidence of Dr Willmot, p. 2.

'Dr Arnold: The "Jaroslav" had very mild Influenza on board and no deaths. The "Jaroslav" brought them a sample of what was happening in Sierra Leone and that sample was mild.

Mr J H Nicolson: The mildness of the outbreak on the "Jaroslav" threw him off?

Dr Arnold: It was negligible; it gave them the impression that it was only like ordinary influenza.'²⁰

Hindsight makes it easy to label such conclusions ill-founded and naïve; yet, in the light of the knowledge they possessed then and the assumptions they were making, it is possible to appreciate why more rigorous measures such as longer quarantine and stricter isolation were not seriously considered in the last week of September 1918. In any case, they lacked the powers to enforce such precautions as influenza was not a quarantinable disease. Such measures would have been 'laughed at' at the time, remarked Dr Mitchell.²¹ Moreover, both Mitchell and Willmot believed that Sierra Leoneans were particularly vulnerable to diseases such as influenza as they were 'physically the worst type of native, very subjected to Malaria and Pneumonia'.²² Surely the 'flu which had come from there would remain as mild as the first cases which had appeared in South Africa?

'He found it difficult now looking back upon the circumstances to take a detached pre-epidemic view [Mitchell told the Commission], but if one reads a file of the daily papers one can then realise how it was that no one really apprehended the danger. He frankly admitted that he in common with every one else was taken in.'²³

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- 20. IEC, vol. 2, file 8, part 2: Evidence of Dr Arnold, pp. 3-4.
 - 21. IEC, vol. 1, file 1: Evidence of Dr Mitchell, p. 79. Dr Willmot expressed a similar opinion - see IEC, vol. 2, file 6: Evidence of Dr Willmot, p. 3.
 - 22. IEC, vol. 2, file 6: Evidence of Dr Willmot, p. 3. See too *ibid.*, p. 13 and IEC, vol. 1, file 1: Evidence of Dr Mitchell, p. 78, for similar views.
 - 23. IEC, vol. 2, file 8, part 2: Evidence of Dr Mitchell, p. 13.

Although the 'flu began to spread rapidly in the last days of September, gaining in intensity as it went, the Public Health Department remained unaware that this was happening. Doctors in various towns might have found that they were treating more and more 'flu cases, but as influenza was not notifiable, they did not report the increase. Local authorities were even more unsuspecting, for they still did not know that a mild but infectious strain of influenza had appeared in the country. The Department 'could not have warned local authorities without assuming a prophetic role', argued Dr Mitchell unconvincingly, claiming that they were apt 'to regard any such advice or representations as interference'; in any case, he believed, in influenza, 'there was so little that could effectively be done.'²⁴

Even when disquieting news began to arrive from Kimberley on 30 September,²⁵ Dr Mitchell (who was in charge of the Department between 26 September and 7 October while Dr Arnold was away)²⁶ was not alarmed. Believing that this was merely another outbreak of the same mild influenza and that it would follow a similar course as in Johannesburg and Durban where the situation seemed to be improving,²⁷ he wired back on 1 October that the disease might be highly infectious 'but mortality trifling. Experience Europe and here shows comparative inefficacy any practicable measures prevent spread, but cases and suspects should be isolated far as possible and disinfected before discharge ...'²⁸ As for news from Cape Town, all was quiet, as Dr Willmot did not return from George until 6 October.²⁹

24. IEC, vol. 1, file 1: Evidence of Dr Mitchell, p. 83.

25. UG 15-'19. para. 76.

26. IEC, vol. 1, file 1: Evidence of Dr Mitchell, p. 82; vol. 2, file 8, part 2: Evidence of Dr Arnold, pp. 7-8.

27. IEC, vol. 1, file 1: Evidence of Dr Mitchell, p. 75; vol. 2, file 8, part 2: Evidence of Dr Mitchell, p. 13.

28. UG 15-'19, para. 76.

29. IEC, vol. 2, file 6: Evidence of Dr Willmot, p. 5.

It was only on that Sunday, 6 October, that it was conclusively brought home to Mitchell that the 'flu had gone quite beyond his assessment of it. His concern had been growing steadily as he heard of the deteriorating situation in Kimberley during the first five days of the month³⁰ and he had already informed other Government departments, with a view to their officers in Kimberley giving aid.³¹ He also had tried unsuccessfully to find medical assistance to send there.³² However, when his Sunday lunch was interrupted by an urgent telephone call from the Secretary for Justice who read him three telegrams appealing for help from the Magistrate of Kimberley, he realised how desperate the situation had become.³³ It must have been a moment of dire realisation for him as he considered the possible implications.

That afternoon he went up to his office at the Union Buildings. He managed to arrange for an army doctor from Pretoria to be sent to Kimberley that night and, though the next day was a public holiday, he was in his office trying to devise other means of assistance.³⁴ By the end of the day the situation appeared even more ominous: news had suddenly come from Cape Town that many people there were dying of 'flu,³⁵ while the Magistrate of Kimberley was pleading for even more medical help.³⁶

30. UG 15-'19, para. 76. See too Chapter 3, p.88.

31. IEC, vol. 2, file 8, part 2: Evidence of Dr Mitchell, p. 6.

32. IEC, vol. 2, file 8, part 2: Evidence of Dr Mitchell, p. 6; Evidence of Dr Arnold, pp. 3, 8.

33. IEC, vol. 1, file 1: Evidence of Dr Mitchell, p. 74; vol. 2, file 8, part 2: Evidence of Dr Mitchell, p. 6.

34. IEC, vol. 2, file 8, part 2: Evidence of Dr Mitchell, p. 6; vol. 1, file 1: Evidence of Dr Mitchell, p. 80.

35. IEC, vol. 1, file 1: Evidence of Dr Mitchell, p. 72.

36. IEC, vol. 2, file 8, part 2: Evidence of Dr Mitchell, p. 6.

All Mitchell's worst fears were confirmed on Tuesday, 8 October. In the words of Dr Arnold who returned to the Department that day, 'they were simply overcome with telegrams and messages of all sorts', which had been accumulating at the Post Office since the start of the long weekend.³⁷ They were 'absolutely flooded with urgent communications from all parts of the Union', recalled Dr Mitchell.³⁸ All the reports told the same story: the 'flu was spreading at a runaway pace throughout the country and was assuming a fatal character.'³⁹ Magistrates and local authorities were 'crying out for drugs'.⁴⁰ Kimberley, it seemed, was the norm, not the exception. The mild influenza of September was turning into a deadly epidemic of Spanish 'flu.

Lacking both the manpower and the means to enter the field against the epidemic itself, the Public Health Department took up a role characterised more by the provision of advice and the co-ordination of assistance than by active leadership and participation in the campaign which was launched against the 'flu. In military terms, one might say it tried to perform the duties of a general staff rather than a combat unit. For instance, when Dr Mitchell suggested he might visit Kimberley and Cape Town to gain some idea of the situation in those two towns, Dr Arnold refused, as 'it was not considered desirable that he should leave headquarters'.⁴¹

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- 37. IEC, vol. 2, file 8, part 2: Evidence of Dr Arnold, p. 4. Subsequently, instructions were given for telegrams to be delivered at any time or telephoned through to Dr Mitchell's house after hours (ibid., p. 8).
 - 38. IEC, vol. 1, file 1: Evidence of Dr Mitchell, p. 84.
 - 39. IEC, vol. 2, file 8, part 2: Evidence of Dr Arnold, pp. 4, 9; vol. 1, file 1: Evidence of Dr Mitchell, p. 84.
 - 40. OFS Archives: PAS 791, file 3042 no. 1, Minutes of 17th Annual Congress of the OFS Municipal Association 1922, p. 49. (The words are Dr Mitchell's.)
 - 41. IEC, vol. 2, file 8, part 2: Evidence of Dr Mitchell, p. 62.

On that Tuesday morning, the highest priority was to enable authorities to act against the 'flu, both legally and practically. An emergency cabinet meeting decided to proclaim 'epidemic influenza' a 'contagious or infectious disease' within the meaning of existing legislation, thereby granting authority for a wide range of anti-'flu measures to be taken.⁴² All local authorities were requested to do 'everything reasonably possible' to cope with the epidemic; one-half of the expenditure incurred would be refunded by the Government.⁴³ To muster medical assistance, magistrates were wired⁴⁴ and advertisements placed in the press, offering generous rates of pay to doctors and nurses for 'influenza epidemic duty'.⁴⁵

42. IEC, vol. 1, file 1: Evidence of Dr Mitchell, p. 74; Debates of the House of Assembly of the Union of South Africa as reported in the Cape Times, vol. 4, p. 35, col. 3. The Government Gazette Extraordinary carrying the proclamation appeared only on 14 October (Union of South Africa: Government Gazette Extraordinary, vol. XXXIV, no. 921, 14/10/1918), a delay perhaps caused by the absence of the Governor-General from Pretoria (the Proclamations were signed by him at Nottingham Road, Natal). To add to this delay, despatch of the Gazette, in common with other important circulars and notices, was held up by the lack of staff at the Post Office as a result of the 'flu epidemic (IEC, vol. 1, file 1: Evidence of Dr Mitchell, p. 84; Evidence of Dr Arnold, p. 10). The Gazette itself bore all the marks of haste, as it omitted to include the CFS in the areas where 'Epidemic Influenza' had been proclaimed an infectious disease, though it did set out the regulations which were to be brought into force there (Government Gazette Extraordinary, 14/10/1918, p. 110: Government Notice 1385). When the OFS Provincial Secretary subsequently enquired whether this Notice had made the proclamation of the disease itself unnecessary 'or whether the omission to publish the proclamation ... is an oversight', the provincial MOH replied that he 'had no doubt' that the Notice 'fully covers and applies the provisions of the Public Health Ordinance No. 31 of 1907, to the entire Orange Free State' (OFS Archives: PAS 140, file 310/8/6, Provincial Secretary OFS to Assistant M O H, Bloemfontein, 3/12/1918, and Assistant M O H, Bloemfontein to Provincial Secretary OFS, 12/12/1918).

43. UG 15-'19, Appendix D.

44. UG 15-'19, para. 60.

45. IEC, vol 1, file 1: Evidence of Dr Arnold, Memorandum on Epidemic Influenza, p. 3.

Next day, the Public Health Department clarified its own position. In two memoranda⁴⁶ it made it clear that its role in combating the 'flu would be limited and mainly supervisory in nature. It had the Department of Native Affairs remind employers that it was their duty under the Masters' and Servants' Acts to care for any of their servants who fell ill,⁴⁷ while in its notice in the press giving advice on the nature, spread, symptoms, treatment and prevention of the 'flu,⁴⁸ it stated: 'The duty of dealing with outbreaks of Influenza in areas where there is a municipality or other local health authority rests upon that authority, but the Department of Public Health will assist and co-operate with Local Authorities.'⁴⁹ This assertion let loose a torrent of bitter criticism which had been building up all through the Department's days of silence and 'masterly inactivity'⁵⁰ while the 'flu had spread. The pro-Government De Volkstem was indignant at the way in which a Department that had failed to prevent the introduction of the epidemic 'ewe doodonskuldig die hele verantwoordelikheid ... afgewentel',⁵¹ and referred to its half-hearted advice on the value of isolating people with 'flu as 'dubbelsinnige banaliteite'.⁵² In hard-pressed Cape Town, the Cape Times was equally scathing: the information in the notice

46. UG 15-'19, Appendices D and E.

47. IEC, vol. 1, file 1: Evidence of Dr Arnold, Memorandum on Epidemic Influenza, p. 3.

48. Not having to face many of the obstacles confronting any civil servant in Pretoria, the provincial MOHs in Bloemfontein and Cape Town had already issued their own notices containing similar information (see UG 15-'19, Appendix I; Cape Times, 10/10/1918, p. 4; and Chapter 2, p.39 and Chapter 4, p.114 above).

49. UG 15-'19, Appendix E.

50. The Friend, 16/10/1918, Editorial.

51. De Volkstem, 11/10/1918, Editorial.

52. De Volkstem, 15/10/1918, p. 5.

'might have been valuable 3 weeks ago, but sounds almost like irony in Cape Town today, where the local authorities, despairing of receiving any lead from the Department, very rightly took control of the situation for themselves ... To enter at twelve o'clock with advice and caution which might have been useful at the tenth or eleventh hour is a piece of futility which, we are sorry to say, seems to be entirely⁵³ characteristic of the Department.'

In similar vein, The Cape declared that the Department's attitude was 'almost brutal in its casualness and tape-bound officialdom'.⁵⁴

National Party newspapers had a field day. Ons Vaderland referred to the proclamation of the epidemic as a formidable infectious disease as,

'n bespotting, als men in aanmerking neemt, dat de regering ervoor verantwoordelik is dat klompen Kaffers over 't Westen en 't Noorden van ons land zijn verspreid ...'⁵⁵

De Burger's Pretoria correspondent followed suit, readily taking up this new stick with which to beat the Government. He remarked that, 'De autoriteiten laten Gods water over Gods akker en de griep ongestoord door de hele bevolking lopen ... Een haast middeleeuwse onbeholpenheid schijnt één der voornaamste eigenschappen te wezen ...'⁵⁶ Once again it was the Government's 'tradiesionele papheid' which had caused fatal dilly-dallying on its part, pointed out the Philippolis correspondent. '/W/at help dit om nou met 'n proklamasie in die "Gazette" die siekte vir besmettelik te verklaar en magistrate die mag te gee om besmette areas onder kwarantijn te plaas?'⁵⁷

53. Cape Times, 11/10/1918, Editorial.

54. The Cape, 18/10/1918, p. 3.

55. Ons Vaderland, 18/10/1918, p. 5.

56. De Burger, 15/10/1918, p. 3.

57. De Burger, 2/11/1918, p. 3.

It was the non-party Bloemfontein People's Weekly which put all the criticism into a wider context, when it referred to

'the state of chaos which exists in the Union in the matter of the control of epidemics. But for the existing lack of co-ordination and the absence of control by some supreme central authority, there might have been a reasonable hope that the epidemic would have been nipped in the bud, and confined to its original starting point ...'58

The hope of providing such a central authority was already in the minds of cabinet ministers two days earlier, on 10 October, when they agreed that the Minister of the Interior, Sir Thomas Watt, should deal with all matters relating to the epidemic.⁵⁹ Watt, however, was not the right man for a task which required someone of drive and imagination, who would not be bound by ordinary procedures and practices at an extraordinary time. His readiness to work 16 hours a day⁶⁰ was no substitute for initiative. The entry on him in the Dictionary of South African Biography speaks of his preference for 'routine supervisory and departmental work' and of his being inclined to 'moderation, caution and lack of enterprise'.⁶¹ In a confidential letter written early in November, the Governor-General admitted that he felt, 'Watt ought to have thrown himself with energy into the affair, and done all, and indeed more than he legally could, to cope with such a grave position ...'62

58. People's Weekly, 12/10/1918, Editorial.

59. SADF Archives: DC 881, file 23393, QMG to Chief Ordnance Officer, 11/10/1918.

60. Cape Argus, 8/11/1918, p. 7.

61. Dictionary of South African Biography, vol. II (Cape Town, 1972), p. 835.

62. CA: A1 (Smuts Collection), vol. 203, Buxton to J C Smuts, 5/11/1918.

The cabinet meeting which appointed Watt to take charge of the campaign against the epidemic also agreed that other Government Departments should do what they could to assist. Thus, the UDF undertook to supply stores and equipment as directed by the Public Health Department.⁶³ By the end of November over 40,000 items were issued to local authorities in terms of this arrangement, including tents, beds, bedding and cutlery.⁶⁴

When telegrams from all over the Union made it clear that the epidemic was being spread country-wide via the rail-network,⁶⁵ the Public Health Department publicly urged the Railways to curtail passenger-traffic (especially if intending passengers were not White) and not to sell tickets to persons obviously suffering from the 'flu and unfit to travel.⁶⁶ Yet, such half-measures were not likely to be

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- 63. SADF Archives: DC 881, file 23393, QMG to Chief Ordnance Officer, 11/10/1918; DC 1021, file 509/2, sub-file DF 1/2/509, Secretary for Defence to Secretary for Interior, 11/10/1918, and Circular no. 20 of 1918 from Department of Public Health, 18/10/1918.
 - 64. UG 15-'19, para 67; IEC, vol. 1, file 1: Evidence of Dr Arnold, Memorandum on Epidemic Influenza, p. 3; SADF Archives: DC 1151, file DB 2430/2, Chief Ordnance Officer to QMG, 12/12/1918.
 - 65. See Chapter 5, pp.153-154; CA: GNLB 301, no. 5, part-file 370/18/103, Telegram from Inspector of Natives, Sterkstroom to Natlab, 16/10/1918; OFS Archives: MBL 4/3/1/40, file 101/1/17, Telegram from Health, Pretoria to Mayor Bloemfontein, 12/10/1918; Rand Daily Mail, 31/10/1918.
 - 66. The Star, 15/10/1918; The Friend, 12/11/1918, p. 7; IEC, vol. 1, file 1: Evidence of F B Rees, p. 107. Surrounding countries did try to enforce far stricter control over passenger-traffic coming from the Union in an effort to keep the 'flu out, but in vain (CA: SAS 719, file G119/5, Telegrams from S A R G to All Divisions, 14/10/1918, and from Bulawayo Station to Railways G, 17/10/1918; Circular from Assistant General Manager, 22/10/1918; Union of South Africa: Government Gazette, vol. XXXIV, no. 925, 8/11/1918, p. 212, Government Notice 1461 and Government Gazette, vol. XXXIV, no. 927, 15/11/1918, p. 259, Government Notice 1481).

effective and Dr Mitchell, for one, knew it, labelling them 'camouflage' and 'eye wash'.⁶⁷ Dr Arnold, however, was adamant that more rigorous measures - for instance a general ban on passenger-traffic or at least on Black and 'Coloured' passengers - were 'preposterous',⁶⁸ and quite 'impracticable and inadvisable'.⁶⁹ He felt that even these would not stay the spread of the epidemic unless they were accompanied by control of movement on foot.⁷⁰ For its part, the Railways Administration refused to go beyond the Public Health Department's initial request, unless the latter specifically asked it to do so. Under the Railway Control Act of 1916, the Railways had 'no power to refuse tickets to passengers except under certain specified circumstances,' explained the General Manager to the Minister of Railways and Harbours,

'and in the case of an outbreak such as we are at present passing through it would only be competent for us to act by request of the Department of the Interior at the instance of the M.O.H. I am not prepared to recommend any general restrictions of the nature asked for, except at the direct request of the health authorities.'⁷¹

Nor was the Public Health Department very enthusiastic about the Railways' decision to disinfect and fumigate coaches. It 'was of no real benefit', stated Dr Mitchell, and 'the Administration would be well advised not to spend too much money in [sic] sprays and disinfectants.'⁷²

What the Public Health Department did believe to be important was trying to curb the panic sweeping through the

67. CA: SAS 719, file G 119/5, Memorandum by [illegible], 14/10/1918.

68. IEC, vol. 1, file 1: Evidence of Dr Arnold, p. 3.

69. CA: SAS 719, file G 119/5, Dr Arnold to General Manager S.A.R., 14/10/1918.

70. IEC, vol. 1, file 1: Evidence of Dr Arnold, p. 3.

71. CA: SAS 719, file G 119/5, Memorandum from General Manager S.A.R. to Minister of Railways, 16/10/1918.

72. CA: SAS 719, file G 119/5, Memorandum by [illegible], 14/10/1918.

country by spreading reliable information on how to treat the 'flu and scotching the alarming rumours that it was actually pneumonic plague, as claimed by one doctor in a forthright letter to the Cape Times.⁷³ To this end it issued a strong statement denying his claim⁷⁴ and was doubtless heartened, when both the UDF⁷⁵ and a group of prominent Johannesburg doctors⁷⁶ followed suit.

It also felt that some newspapers were frightening the public by their 'sensatiewekkende' reporting and, in particular, warned against hypochondria:

'Bij grote epidemies gaat 't altijd zo: wie zich ziek voelt meent allicht dat 't de bepaalde ziekte is waarover ieder spreekt, schrijft en denkt. 't Publiek moet zich niet bang maken en zodoende z'n weerstandsvermogen moedwillig verlagen!'77

To try to obtain tried and tested advice, the High Commissioner in London was cabled for a summary of the latest medical opinion there on treating the 'flu.⁷⁸ The resulting information was made public in a memorandum issued on 22 October.⁷⁹ Meanwhile, to ease the intense pressure on doctors, nurses and hospitals, magistrates were urged to make it known that the 'flu could be quite effectively

73. Cape Times, 24/10/1918, p. 6 (Letter from Dr W Purvis Beattie).

74. Cape Times, 26/10/1918, p. 7.

75. SADF Archives: DC 1151, file DB 2430/2, Deputy Director of Medical Services to Chief of General Staff, 25/10/1918; DC 1304, file M/4501, vol. 2, DMS to M. O. H. Unicn, 25/10/1918.

76. Rand Daily Mail, 26/10/1918.

77. De Volkstem, 11/10/1918, p. 4.

78. CA: PM 1/1/238, file PM 110/35/1917, telegram from Botha to Schreiner, 11/10/1918. Botha's postscript to this telegram constituted a rueful reproach to the High Commissioner. It ran: 'In future give me warning timely [sic] of further epidemics.'

79. Cape Times, 23/10/1918, p. 6.

treated at home, provided a strict but simple regimen was followed.⁸⁰ This advice, together with information on what precautions to take against infection, was included in leaflets which were printed at the same time for distribution to Blacks, 'Coloureds' and Indians.⁸¹

By the middle of October the shortage of doctors and nurses had become acute. The war had reduced the overall number of available doctors by 25%⁸² and response to the earlier appeals by the Department had been poor.⁸³

'[M]edical men were in the ordinary ... not procurable,' stated Dr Arnold.⁸⁴ Every possible source was tapped: the Transvaal Medical Council and the local branch of the British Medical Association were approached, the Miners' Phthisis Medical Bureau was closed to free its doctors for epidemic work,⁸⁵ Government veterinarians were inspanned,⁸⁶ undergraduate medical students were pressed into service as junior doctors,⁸⁷ and on 17 October Dr Arnold held a meeting with six of the chief medical administrators in the Transvaal to try to obtain doctors and nurses through them.⁸⁸

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- 80. Transvaal Archives: Magistrate Marico 4/3/26, Circular no. 18 of 1918 from Dept. of Public Health, 12/10/1918; Cape Archives: 1/UTA 6/1/218, file 28, vol. 8, Circular no. 19 of 1918 from Dept. of Public Health, 16/10/1918.
 - 81. IEC, vol. 1, file 1: Evidence of Dr Arnold, Memorandum on Epidemic Influenza, p. 4. See too Chapter 5, p.158.
 - 82. Debates of the House of Assembly ... as reported in the Cape Times, vol. 4, p. 17, col. 1.
 - 83. IEC, vol. 1, file 1: Evidence of Dr Arnold, pp. 3, 18; Evidence of Dr Mitchell, p. 81; De Volkstem, 22/10/1918, p. 3.
 - 84. IEC, vol. 1, file 1: Evidence of Dr Arnold, p. 3.
 - 85. IEC, vol. 1, file 1: Evidence of Dr Arnold, Memorandum on Epidemic Influenza, pp. 4, 5; CA: MM 438, file MM 2838/18, Superintendent Johannesburg Hospital to Minister of Mines, 8/11/1918; Town Clerk Mafeking to Minister of Mines, 6/1/1919; UG 15-'19, para. 68.
 - 86. Union of South Africa: Department of Agriculture - Report with Appendices for 1918-1919, UG 40-'19, p. 38.
 - 87. J H Louw: In the Shadow of Table Mountain - A History of the UCT Medical School (Cape Town, 1969), pp. 120-121.
 - 88. IEC, vol. 1, file 1: Evidence of Dr Arnold, Memorandum on Epidemic Influenza, p. 4; Rand Daily Mail, 18/10/1918.

Conscripting all doctors and nurses was even seriously discussed and the energetic Secretary for Defence, Sir Roland Bourne, drafted a proclamation to this effect. This would almost have put the fight against the epidemic on a martial law footing, with the Government empowered to stop all movement around the country and commandeer whatever or whoever it wanted.⁸⁹ The idea was not taken any further during the epidemic, but subsequently the advantages were not lost on a majority of the Influenza Epidemic Commission's members.⁹⁰

As the epidemic began to ease, a number of doctors and nurses was freed for service elsewhere. From Natal in particular, where the 'flu had been less severe, a large number was sent to render medical assistance in the interior,⁹¹ while at the end of October Dr Arnold arranged with the Johannesburg Epidemic Committee to set up a central bureau to organise the despatch of medical personnel from the city to stricken country districts.⁹² Army doctors had already been detailed to help in Kimberley early in the epidemic,⁹³ and on 12 October the Acting Director of Medical Services, Colonel Orenstein, went down there himself to organise comprehensive counter-measures against the 'flu.⁹⁴ Further medical assistance was forthcoming from the UDF from 18 October, when the Acting Minister of Defence ordered army medical heads throughout South Africa 'to render every

89. SADF Archives: DC 1151, file DB 2430/2, Draft Proclamation; Bourne to Col Mentz, 17/10/1918; Lt Col Porter to Bourne, 18/10/1918; E L Matthews to Bourne, 18/10/1918; IEC, vol. 1, file 1: Evidence of Dr Mitchell, p. 81.

90. UG 15-'19, para. 97 and p. 18.

91. IEC, vol. 1, file 3: Evidence of P Binns, p. 1 and his Written Statement, p. 4; Evidence of Dr A Murray-Gray, p. 26; Daily Dispatch, 30/10/1918, p. 5; OFS Archives: 'The History of Harrismith' by Miss E B Hawkins (Typescript), p. 347; Collier Collection: Letter from Mrs E Melville, 14/5/1972.

92. The Star, 29/10/1918; The Friend, 30/10/1918, p. 5; IEC, vol. 1, file 1: Evidence of Dr Arnold, Memorandum on Epidemic Influenza, p. 5.

93. See p.195 above and IEC, vol. 2, file 8, part 2: Evidence of Dr Mitchell, p. 7.

94. See Chapter 3, pp.94-95.

assistance to civil authorities in combating influenza by putting at their disposal all staff you can possibly spare as well as beds in military hospitals wherever at all possible and if required by civil authorities'.⁹⁵ This was already being done in a small way in a few towns,⁹⁶ but the instruction facilitated assistance on a larger scale. As the situation at army camps improved, a growing number of military doctors, nurses and orderlies was able to go out and help, while military hospitals (especially those at Bloemfontein and Potchefstroom) could take more civilian patients.⁹⁷ Among Afrikaners, however, there were those who objected to being treated by the largely English-speaking men in khaki or in their hospitals.⁹⁸ This was particularly common in country areas.⁹⁹ 'Tegen vooroordeel strijdt echter zelfs de beste organisatie en de beste bedoelingen vergeefs,' lamented De Volkstem.¹⁰⁰

Assistance by members of the UDF was not merely of the medical variety. Military telegraphists helped man much-depleted Post Office telegraph offices in Cape Town and

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- 95. SADF Archives: DC 1303, file 4501, vol. 1, telegram from DMS to Assistant DMS, Cape Town, Durban, Bloemfontein and Senior M.Os, Potchefstroom and Kimberley, 18/10/1918.
 - 96. SADF Archives: DC 1303, file 4501, vol. 1, Hewat to Orenstein, 9/10/1918, 11/10/1918 and 18/10/1918; DC 1021, file 509/2, sub-file DF 6/2/509, DMS to Assistant Financial Secretary Defence Department, 16/10/1918; DC 1303, file 4003, Assistant DMS Durban to DMS, 16/10/1918.
 - 97. UG 15-'19, Appendix G, pp. 32, 35. Some medical personnel were sent to help in South West Africa and in Swaziland too.
 - 98. SADF Archives: DC 1151, file DB 2430/2, Deputy DMS to Secretary for Defence, 22/10/1918; De Volkstem, 25/10/1918, p. 12; Ons Vaderland, 6/12/1918, p. 6.
 - 99. Debates of the House of Assembly ... as reported in the Cape Times, vol. 4, p. 35, col. 2; Medical Journal of South Africa, April 1919, p. 428.
 - 100. De Volkstem, 25/10/1918, p. 12.

Johannesburg,¹⁰¹ while other soldiers collected and distributed medicine and food and generally helped in all manner of relief-work.¹⁰² Staff from other Government Departments were able to provide similar aid, for all Departments had been instructed to make available for epidemic work personnel not engaged in absolutely essential tasks.¹⁰³ These helpers were automatically granted special leave on full pay, as were all civil servants stricken with 'flu themselves or whose families had fallen ill.¹⁰⁴ As an added concession and supposed preventive measure, civil servants who remained at work were permitted to smoke while on duty!¹⁰⁵ At a provincial level, where local authorities closed schools for the duration of the epidemic, teachers were also able to give assistance, while many school-buildings were used as temporary hospitals or emergency depots.¹⁰⁶

With its own extensive resources, the Railways provided considerable aid too, both of a medical and non-medical kind. Numerous temporary hospitals, soup-kitchens and medicine

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101. SADF Archives: WSI ISD 24, file 685, telegrams from UNECA to CHEBEC, 11/10/1918 and n.d.; Telegram from UNECA to Concamp. Potchefstroom, 19/10/1918; Union of South Africa: Report of the Postmaster-General for 1918, UG 27-'19, pp. 20-21; South African Postal and Telegraph Herald, December 1918, p. 64.
102. UG 15-'19, Appendix G, pp. 31-32; SADF Archives: DC 1021, file 509/2, sub-file DF 14/2/509, QMG to Assistant Financial Secretary, 13/3/1919; DC 364, file 40177, Telegram from Defence Staff to District Staff Officers, 22/10/1918. See too Chapter 3, pp.
103. UG 15-'19, para. 70.
104. SADF Archives: DC 1361, file 16044, Treasury Circular no. 21, 22/10/1918.
105. The Friend, 25/10/1918, p. 5; South African Postal and Telegraph Herald, November 1918, p. 52. For similar concessions in the private sector, see T V Bulpin: The Southern - 75 Years of Service (Rondebosch, 1966), p. 33; Cape Argus, 10/10/1918, p. 3 (Letter from B. London) and p. 4.
106. Transvaal Education Department: Report for 1918, TP 6-'19, p. 7; Education Department OFS Province: Report for 1918, p. 12, section 16; Cape of Good Hope: Report of the Superintendent-General of Education for 1918, CP 5-'19, p. 7.

depots were opened and run by Railways volunteers for both their own staff and the general public and, at the big railway camps at Kimberley, Touws River and Noupoot, house-to-house visits were undertaken. Hospital coaches were attached to trains carrying large numbers of Blacks and many relief trains were run to convey medicine, food and doctors to outlying stations and gangers' cottages. People with 'flu at these remote spots were given special permission to travel by train to the nearest town where medical attendance was available. The large number of Railways staff laid up with 'flu or nursing their families¹⁰⁷ forced many services to be suspended, but priority was given to conveying medicine, food and petrol. Where measures against the 'flu had already been organised by municipal authorities, the Railways gave specialised assistance, such as making coffins, providing motor transport and drivers and supplying bedding.¹⁰⁸

Having done all it deemed it could to ensure that municipal authorities had the means to combat the 'flu epidemic, in the second half of October the Public Health Department shifted its attention to the rural areas. There, the onus of countering the 'flu lay with the local magistrate, the district surgeon and whichever officials and volunteers they had been able to recruit. In many districts, especially those with large Black or 'Coloured' populations, the

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107. Altogether 47% of the South African Railways and Harbours' staff were absent from work because of the Spanish 'flu epidemic (CA: SAS 825, file P2/159, Table attached to Memorandum for the Acting General Manager, Parliamentary Section, 24/1/1919).
108. This paragraph is based on information from the following sources - CA: SAS 825, file P2/159, Memorandum for Sir William Hoy, 7/1/1919; Memoranda for the Acting General Manager (Parliamentary Section), 24/1/1919 and 28/1/1919; SAS 719, file G 119/5, Table of Particulars of Traffic Restrictions and Suspensions; Hoy to Bourne, 26/10/1918; Union of South Africa: Report of the General Manager of Railways and Harbours for 1918-1919, UG 59-'19, p. 97; Union of South Africa: Report of the Railways and Harbours Board for 1918, UG 25-'19, pp. 16-17; The Friend, 12/11/1918, p. 7.

situation had become desperate as minimal information or relief was available. 'The people in the town got everything, and the people in the country could not get anything', complained a leading resident of the East London district.¹⁰⁹ A letter from a remote Poor White colony in the south-eastern OFS expressed the plight of the platterland poignantly:

'Meneer, as 'n mens op 'n plek soos hierdie woon, waar geen dokter of predikant is nie en drie en 'n half uur van die dorp af en waar die Superintendent al lank siek is, waar algar arme mense is, waar elkeen moet sien om klaar te kom en dat so 'n gevreesde siekte om en bij jou is, dan kan 'n mens jou voel hoe nietig jij is. Hier is mense wat doodarm is en geen krediet kan krij om kos of medisyne te koop nie. Wat moet die arme mense doen, as die siekte hulle pak?'¹¹⁰

Believing that simple advice and organised relief were the prime requirements in such areas, on 19 October the Public Health Department began to make arrangements for magistrates to obtain supplies of aspirin and epsom salts for distribution,¹¹¹ and followed this up the following week with an updated version of the memorandum on precautions, symptoms and treatment for wide circulation in the country districts.¹¹² On 23 October magistrates were instructed to form local committees to combat the epidemic¹¹³ and, to ensure that local men came forward to serve on these committees, the UDF was again approached. As a result, it gave orders to this effect to District Staff Officers and Defence Rifle

109. Daily Dispatch, 16/1/1919, p. 8.

110. Die Volksblad, 26/11/1918 (Letter from resident of Goedemoed, Rouxville District).

111. IEC, vol. 1, file 1: Evidence of Dr Arnold, Memorandum on Epidemic Influenza, p. 4.

112. There is a copy of one of these leaflets in Cape Archives: 1/TSO 11, file 485(1). Cf. this with the earlier Memorandum in UG 15-'19, Appendix E.

113. Transvaal Archives: Magistrate Marico 4/3/26, Circular no. 22 of 1918 from Dept. of Public Health, 23/10/1918.

Associations,¹¹⁴ while, with the same idea in mind, another national organisation, the South African Party, appealed to its country branches to help all 'flu patients 'afgesien van partij of seksie'.¹¹⁵ (Ten days later, the Transvaal National Party sent out its own circular with information on how to deal with the epidemic.)¹¹⁶ Magistrates were also authorised to see that anyone left without food through illness and in danger of starving was at least provided with 'a limited quantity of the plainest food, such as Mealie Meal or Flour'.¹¹⁷

Countering the epidemic in the country districts was thus initially left largely to the resources of the local inhabitants, as directed by the Resident Magistrate. Only as the situation in the towns and military hospitals began to ease towards the end of October, were doctors, nurses and orderlies sent into the rural areas in any appreciable number. The UDF also despatched three fully-equipped field ambulances to the Transkei and north-eastern Transvaal,¹¹⁸ after the Prime Minister, General Botha, had indicated that he thought it should be doing more, a criticism which it felt was entirely unwarranted and more a reflection of the Department of Public Health's inefficient use of the supplies which it had offered.¹¹⁹ It was also able to help

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- 114. SADF Archives: DC 364, file 40177, Telegram from Defence Staff to District Staff Officers, 22/10/1918; Circular from Deputy Chief of General Staff to District Staff Officers, 24/10/1918; IEC, vol. 2, file 8, part 2: Evidence of Col. A J Brink, p. 1.
 - 115. De Volkstem, 25/10/1918, Editorial and p. 6.
 - 116. Ons Vaderland, 1/11/1918, p. 5.
 - 117. Transvaal Archives: Magistrate Marico, 4/3/26, Circular no. 22 of 1918 from Dept. of Public Health, 23/10/1918.
 - 118. See Chapter 5, p.161.
 - 119. SADF Archives: DC 1304, file M/4501, vol. 2, Deputy D M S to M O H for the Union, 29/10/1918; DC 1151, file DB 2430/2, Minutes by Bourne, Secretary for Defence, to Minister for Defence, 31/10/1918 and 1/11/1918.

when the arrangements which had been made with the Texas Oil Company (whereby magistrates could requisition direct on Texaco depots for petrol for trips in connection with the 'flu)¹²⁰ proved slow and unsatisfactory.¹²¹ From 5 November the UDF agreed to supply petrol to whoever the Public Health Department directed.¹²²

Thus, the Public Health Department's role in combating the 'flu in rural parts was much the same as that which it had performed in urban areas: supplying advice, arranging counter-measures and trying to ensure that the means to carry them out was made available. Remoteness, inaccessibility and a dearth of resources made these goals far more difficult to achieve than in the towns, however, and there can be little quibbling with the accuracy of the Influenza Epidemic Commission's conclusion that medical and other relief in the country districts was 'obviously inadequate'.¹²³

One further aspect of the Public Health Department's efforts to deal with the epidemic requires consideration, namely the medical treatment which it recommended. In this, more than

120. Transvaal Archives: Magistrate Marico 4/3/26, Circular no. 23 of 1918 from Dept. of Public Health, 1/11/1918; Daily Dispatch, 24/10/1918, p. 4.

121. IEC, vol. 1, file 1: Evidence of Dr Arnold, Memorandum on Epidemic Influenza, p. 4.

122. Transvaal Archives: Magistrate Marico 4/3/26, Circular no. 29 of 1918 from Dept. of Public Health, 11/11/1918; Cape Archives: 1/EDL 6/1/13, file 28/1B, Circular no. 30 of 1918 from Dept. of Public Health, 11/11/1918; SADF Archives: DC 1021, file 509/2, sub-file DF 1/2/509, Dr Mitchell to Assistant Financial Secretary, Dept. of Defence, 28/10/1918; DC 881, file 23393, QMG to MOH, 8/11/1918.

123. UG 15-'19, para. 81.

in any other sphere of its activity during the epidemic, it was acting in the dark. In common with most of their colleagues in the rest of the world, South African bacteriologists did not know that influenza was a viral disease and worked on the assumption that it was primarily caused by Pfeiffer's bacillus influenzae.¹²⁴ Nor had the last pandemic of 1889-90 produced any specific antidote. General, common-sense measures were the order of the day: go to bed and stay there, keep warm, take plenty of fluids, ensure that sick-rooms remain well ventilated.¹²⁵ Dr Arnold summed up standard medical opinion as to treatment when he told the Influenza Epidemic Commission that, 'the disease is one for people looking after themselves ... more a question of nursing'.¹²⁶

The only medicines which the Department recommended were quinine and aspirin and purgatives such as epsom salts and castor oil. Of this advice many doctors were highly critical and the Department's later circulars expressed some reservations about the use of quinine or omitted to mention it altogether.¹²⁷

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124. UG 15-'19, Appendices E and F; IEC, vol. 1, file 1: Evidence of Dr Arnold, p. 6; vol. 1, file 2: Evidence of Dr F S Lister, pp. 108-109 and Written Report by Dr Lister, pp. 10-11; vol. 2, file 6: Evidence of Dr Willmot, 'Utility of Vaccines in Influenza', p. 3; South African Medical Record, 14/12/1918, p. 356; Medical Journal of South Africa, September 1918, p. 241; October 1918, p. 284; November 1918, p. 293.
125. UG 15-'19, Appendix E; Transvaal Archives: Magistrate Marico 4/3/26, Circular no. 18 of 1918 from Dept. of Public Health, 12/10/1918; Cape Archives: 1/EDL 6/1/13, file 28/1B, Warning Notice 'Epidemic Influenza'; 1/TSO 11, file 485(1), 'Epidemic of "Spanish Influenza" - Memorandum of Directions'; Cape Times, 23/10/1918, p. 6. See too Chapter 2, p.39.
126. IEC, vol. 2, file 8, part 2: Evidence of Dr Arnold, p. 11.
127. UG 15-'19, Appendix E; Transvaal Archives: Magistrate Marico 4/3/26, Circular no. 18 of 1918 from Dept. of Public Health, 12/10/1918; Cape Archives: 1/EDL 6/1/13, file 28/1B, Warning Notice 'Epidemic Influenza'; 1/TSO 11, file 485(1), 'Epidemic of "Spanish Influenza" - Memorandum of Directions'; De Volkstem, 22/10/1918, p. 3.

Dr Robert Broom, then District Surgeon at Douglas, demonstrated his disagreement publicly when posters from the Department of Public Health were put up in the village.

'I took a blue pencil', he recalled, 'and wrote across the posters that "Aspirin is certainly highly dangerous and to be avoided" and that "Quinine will probably have no good effect."' ¹²⁸ The UDF's Acting Director of Medical Services, Colonel Orenstein, felt that using aspirin prophylactically was 'undesirable both on account of shortage of stocks and also because [it was] apt to be harmful ... in some cases ... predisposing to occurrence of secondary so-called pneumonic symptoms'. ¹²⁹ The Director of the SAIMR was quite blunt in his disapproval of the use of quinine: as a preventive 'it was worse than useless,' he told the Influenza Epidemic Commission, and its reputation was based on 'an unjustifiable deduction' which had been made after inadequate tests in 1892. ¹³⁰ Many doctors agreed with these views and in the months after the 'flu, the South African Medical Record carried several articles by medical men telling of unsatisfactory results after using aspirin or quinine. ¹³¹ One doctor even went as far as suggesting to a branch meeting of the British Medical Association (only half in jest) that, 'The principal mortality in influenza was due to aspirin!' ¹³²

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128. G Findlay: Dr Robert Broom (Cape Town, 1972), p. 43. See too Broom's account in South African Medical Record, 14/12/1918, pp. 363-364.
129. SADF Archives: DC 1304, file M/4501, vol. 2, Telegram from Imperial Secretary to Resident Commissioners, Maseru, Mbabane and Mafeking, 26/10/1918. See too interview with Orenstein in De Volkstem, 25/10/1918, p. 12.
130. IEC, vol. 1, file 1: Evidence of Dr W Watkins-Pitchford, p. 39.
131. South African Medical Record, 14/12/1918, pp. 364-365; 28/12/1918, p. 383; 11/1/1919, p. 4. For criticism by other medical men, see IEC, vol. 1, file 1: Evidence of Dr C L Leipoldt, p. 24; vol. 1, file 2: Evidence of Dr E P Baumann, p. 3; Cape Archives: 1/TSO 11, file 485(1), Dr McMurtie to Acting Magistrate Tsolo, 2/11/1918; De Vriend des Volks, 28/11/1918; Kimberley Evening Star, 23/11/1918, p. 2; Collier Collection: Letter from Dr L Lappin, 18/5/1972.
132. South African Medical Record, 11/1/1919, p. 13.

If the Public Health Department in Pretoria was unsure as to which medicines to recommend, it was in a quandary about vaccine therapy. It was not that this form of treatment was entirely new in South Africa, but successful experience with it was very limited.¹³³ Even an enthusiastic proponent had to admit that it was in the experimental stage, still 'coming into its own'.¹³⁴ Against influenza it had never been tried.

However, two medical men in positions of influence had no qualms about its use. Already on 24 September Dr Willmot had instructed the Government Laboratory in Cape Town to prepare autogenous vaccine from cases among the troops;¹³⁵ at the same time, in Johannesburg Dr Pratt Johnson's private Clinical Research Laboratories (Clinsearch) was trying to produce similar vaccine, using local specimens.¹³⁶

By the end of the first week of October army and Government doctors in Cape Town were using the new vaccine on a limited scale with some success, both prophylactically and therapeutically,¹³⁷ even though its composition was constantly being altered as new strains were added. 'In making all

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133. Apart from anti-smallpox vaccine and Wright's anti-typhoid vaccine first used during the Anglo-Boer War, the most notable example of vaccine therapy in South Africa in 1918 was Lister's development of anti-pneumococcal vaccine to reduce pneumonia deaths among Black mineworkers on the Rand (H J Parish: A History of Immunization (Edinburgh and London, 1965), pp. 65, 256). The commercial manufacture of vaccines was still in its infancy in South Africa, Dr Pratt Johnson's Clinical Research Laboratories in Johannesburg being the only significant producer (IEC, vol. 1, file 1: Evidence of Dr Arnold, p. 20).
134. South African Medical Record, 14/12/1918, p. 353.
135. IEC, vol. 2, file 6: Evidence of Dr Willmot, p. 8; CA: GES 67, file 13/42A, sub-file 316/28, Telegram from Dept. of Public Health, Cape Town to Dept. of Public Health, Pretoria, 5/12/1918.
136. CA: GES 67, file 13/42A, sub-file 316/28, Circular from Secretary Clinsearch Laboratories to Medical Practitioners, 8/10/1918.
137. IEC, vol. 2, file 6: Evidence of Dr Willmot, 'Utility of Vaccines in Influenza', p. 1; Cape Argus, 8/10/1918, p. 5.

vaccines', explained the head of the Laboratory, 'they added as many strains as possible - typhoid, for example; the more strains that could be added the better.'¹³⁸ As the situation in Cape Town worsened and more and more evidence accumulated of the utility of the vaccine, Willmot came under increasing pressure to recommend it for general use, disregarding standard bacteriological procedures which required lengthy testing and re-testing and careful weighing up of results. 'When people were dying in hundreds there was no time to wait for statistics', he told the Influenza Epidemic Commission.¹³⁹ The three bacteriologists making the vaccine felt the same way:

'to withhold the use of a Vaccine would have been a grave error ... When the deaths are recorded by the thousand, there are few who, in the face of this, would advise a policy of bacteriological laissez faire, whatever the effort required.'¹⁴⁰

On 14 October, with long queues outside his office already waiting for inoculation,¹⁴¹ Dr Willmot told the Cape Times: 'I can definitely and officially recommend inoculation, but naturally only enough serum can be manufactured to do essential workers.'¹⁴² Three days later he wired his recommendation of its general use in the country to the Public Health Department in Pretoria.¹⁴³ In Cape Town his announcement met with an enthusiastic reception among the

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- 138. IEC, vol. 2, file 7, part 1: Evidence of Dr G W Robertson, p. 4.
 - 139. IEC, vol. 2, file 6: Evidence of Dr Willmot, 'Utility of Vaccines in Influenza', p. 1.
 - 140. IEC, vol. 2, file 7, part 1: Written Evidence by Dr G W Robertson, Major E D Pullon and Captain A Garrow, p. 20.
 - 141. Cape Times, 14/10/1918, p. 6; IEC, vol. 2, file 8, part 2: Evidence of Dr J Anderson, p. 3; Cape Argus, 10/10/1918, p. 5.
 - 142. Cape Times, 15/10/1918, p. 6.
 - 143. CA: GES 67, file 13/42A, sub-file 316/28, Telegram from Dr Willmot to Dept. of Public Health, 17/10/1918. A fuller memorandum was sent at the same time (IEC, vol. 2, file 7, part 1: Written Evidence by Dr Willmot, Appendix A).

panicky public, ignorant of the vaccine's hit-and-miss, relatively untested character.¹⁴⁴ By 17 October he was reporting that the demand for vaccine in the Peninsula was 'enormous'.¹⁴⁵ As supplies increased, inoculation was extended to the crews of ships in the harbour and to the farming population of the Swartland and Overberg where wheat harvesting was in progress.¹⁴⁶

At the private Clinsearch Laboratory, Dr Pratt Johnson did not have the same constraints on or responsibilities for his public statements as Willmot did for his. Already on 8 October, Clinsearch was advertising its new Compound Catarrhal Vaccine for both prophylactic and therapeutic use against Spanish Influenza and its complications.¹⁴⁷ Many doctors ordered a supply.¹⁴⁸

These developments (one at a Government laboratory) did not make the position of the Public Health Department in Pretoria any easier. The only laboratory to which it had access was the mining industry's SAIMR in Johannesburg and its research bacteriologist, Dr F S Lister, was most reluctant to tread where Pratt Johnson and Willmot had rushed in. He had been analysing specimens from influenza cases in Johannesburg and Kimberley since the last week in September, trying to identify the causative agent¹⁴⁹ and had made up

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144. Indeed, its final composition was fixed only on 20 October (IEC, vol. 2, file 7, part 1: Written Evidence by Dr Robertson, Major Pullon and Captain Garrow, p. 3).
145. CA: GES 67, file 13/42A, sub-file 316/28, Telegram from Dr Willmot to Dept. of Public Health, 17/10/1918.
146. [G Sacks]: 'In England Now' in The Lancet, 10/4/1976, p. 798; Collier Collection: Letter from Dr R van Geuns, June 1972.
147. CA: GES 67, file 13/42A, sub-file 316/28, Circular from Secretary Clinsearch Laboratories to Medical Practitioners, 8/10/1918.
148. CA: GES 67, file 13/42A, sub-file 316/28, Director Clinsearch Laboratories to Dr Mitchell, 20/11/1918.
149. Medical Journal of South Africa, November 1918, pp. 290-293; IEC, vol. 1, file 2: Written Evidence by Dr F S Lister, pp. 1-6. See too Chapter 3, p.85.

a small quantity of vaccine containing only bacillus influenzae for purely experimental purposes.¹⁵⁰ At the suggestion of the Institute's Director, Dr W Watkins-Pitchford (then in Cape Town), he had also begun to prepare a little vaccine according to the Cape Town formula.¹⁵¹

By the end of the second week of October, the Public Health authorities in Pretoria were desperate for an answer to the urgent public demand for a vaccine to counter the 'flu. With the reported success of the Cape Town vaccine in mind, Dr Arnold 'did not feel justified in withholding from people anything which held out even a remote chance of aiding them. If it did no good,' he believed, 'it would do no harm.'¹⁵² Dr Mitchell tried to persuade Lister to speed up his work and prepare a large quantity of vaccine, but Lister was reluctant to be stampeded. 'Thinks it unfortunate the vaccine treatment was started at all', noted Mitchell after talking to Lister on the telephone. 'Problems with regard to making vaccine ... Production of bulk supplies a matter of time and difficulty.'¹⁵³ Finally, the matter was settled by Sir Thomas Watt who directed that vaccine be made and issued at once, as 'he had come to the conclusion that the vaccine could do no harm, and many medical men said it would do good'.¹⁵⁴ With this authority, Mitchell telephoned Lister and virtually ordered him to prepare bulk supplies of vaccine. Grudgingly Lister agreed, but he made sure that Mitchell knew

150. CA: GES 67, file 13/42A, sub-file 316/28, Record by Dr Mitchell of telephone conversation with Dr Lister, 8/10/1918; IEC, vol. 1, file 2: Evidence of Dr Lister, p. 110.

151. CA: GES 67, file 13/42A, sub-file 316/28, Record by Dr Mitchell of telephone conversation with Dr Lister, [12/10/1918?].

152. IEC, vol. 1, file 1: Evidence of Dr Arnold, p. 13.

153. CA: GES 67, file 13/42A, sub-file 316/28, Record by Dr Mitchell of telephone conversation with Dr Lister, [12/10/1918?].

154. Debates of the House of Assembly ... as reported in the Cape Times, vol. 4, p. 17, col. 3.

that he felt that the decision was 'unsound, unscientific etc. ... these things shd. [sic] not be decided of [sic] mob rule w[ith] political considerations, etc. etc.'¹⁵⁵

Mitchell promised to send a formal request from the Public Health Department next day.¹⁵⁶ Understandably, in his evidence to the Influenza Epidemic Commission, Lister was highly critical of what he had been forced to do:

'The logical way is to do your Laboratory investigation first and then tentatively try the vaccine on animals and on the public ... [H]e was altogether against using the general public as a medium for such experiments. He considered that their knowledge was not sufficient at the present time to prepare a vaccine against Influenza; their knowledge of the whole subject was insufficient; there had been so little work done in connection with Influenza.'¹⁵⁷

In a separate written statement he re-iterated his belief that

'With regard to vaccine prophylaxis or therapy - so little is known that the question is hardly worth while discussing ... Wholesale inoculations, with a view to preventing or treating this disease, in the midst of an epidemic, and in the face of our lack of knowledge of the subject, appears to me to be quite unjustifiable.'¹⁵⁸

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155. CA: GES 67, file 13/42^A, sub-file 316/28, Record by Dr Mitchell of second telephone conversation with Dr Lister [12/10/1918?]. See too Union of South Africa: Report of Select Committee on the Public Health Bill, SC 3-'19, p. 126.
156. CA: GES 67, file 13/42^A, sub-file 316/28, Record by Dr Mitchell of second telephone conversation with Dr Lister [12/10/1918?]. As promised, the formal request was sent - see CA: GES 67, file 13/42^A, sub-file 316/28, Dr Mitchell to Director SAIMR, 13/10/1918.
157. IEC, vol. 1, file 2: Evidence of Dr Lister, pp. 111-112.
158. IEC, vol. 1, file 2: Written Report by Dr Lister, p. 11.

By 15 October the SAIMR vaccine was almost ready to be issued and Watt called for a statement from the Director to accompany the public announcement of its availability.¹⁵⁹ Watkins-Pitchford's report was hardly what the Public Health Department wanted, however. In it he poured cold water on their hopes of the vaccine's utility against the 'flu. He declared that he had

'no knowledge of any such epidemic having been successfully combatted by the systematic use of any vaccine ... [I]t is entirely unjustifiable, in the present state of our knowledge, to claim that any bacterial vaccine confers any protection whatever against Epidemic Influenza.'

As for the vaccines which the SAIMR was manufacturing,

'I am unable to assure any definite benefit from the use of such preparations. Their wide-spread employment at the present time is a clumsy experiment which has been forced upon us by the exigencies of an ill-informed and panic-stricken public opinion.'

As a consolation, he added that he did think it possible 'that the risk of developing Pneumonia may be reduced by the administration of adequate doses of a comprehensive pneumococcal vaccine'.¹⁶⁰

This statement only deepened the Department's dilemma. On the one hand, Clinsearch and the Cape Town Laboratory were issuing vaccine with apparently favourable results; on the other, the Department itself was on the point of supplying vaccine, but the SAIMR which had produced it refused to endorse it - indeed it plainly disapproved of its use. The Department hesitated, and then spoke out with two voices.

159. CA: GES 67, file 13/42A, sub-file 316/28, Dr Arnold to Director SAIMR, 15/10/1918.

160. CA: GES 67, file 13/42A, sub-file 316/28, Director SAIMR to MOH for the Union, 16/10/1918.

On 19 October it issued a memorandum to the press in which it juxtaposed extracts from Watkins-Pitchford's deprecatory statement and from Willmot's enthusiastic report of 17 October.¹⁶¹ It then added that further investigations were under way and more information would be published as soon as possible; doctors who had used vaccine were asked to report their results to the Department. 'In the meantime, ... every effort is being made to prepare large supplies of the vaccines, so that issues can be made to Local Authorities and Medical Practitioners who wish to use them.'¹⁶²

The memorandum's ambiguity caused dismay among medical men. Those who were of a like mind with the SAIMR objected to the publicity given to Willmot's report. 'Before the Government notification as to inoculation, there was not a wide-spread demand to be treated', explained the President of the Witwatersrand Branch of the British Medical Association,

'but after the notification had been issued there was. Medical Practitioners who did not believe in inoculation had to do it in order to retain the confidence of their patients ... The Government was not justified in embarking on an experiment on the matter. The Government would have been in order in mentioning that the vaccine could be used or not as desired. The profession locally, smiled when it read the notification referred to, which was so contrary to its own experience in the majority of cases.'¹⁶³

161. See p.215 above.

162. UG 15-'19, Appendix F.

163. IEC, vol. 1, file 2: Evidence of Dr Baumann, pp. 1, 6-7. See too, Evidence of Dr A Abelheim, p. 4; vol. 1, file 4: Evidence of Dr H M Chute, p. 4; vol. 2, file 6: Evidence of Dr H Hutchinson, p. 3; South African Medical Record, 25/1/1919, p. 21.

On the other hand, Watkins-Pitchford's views upset those who had found vaccine effective. One Cape Town doctor 'deplored' his statement, asserting that his 'disquieting opinion ... had done harm' in Cape Town and that he

'blamed the Institute for Medical Research for making a half-hearted statement and thus increasing the difficulty in Cape Town, when the epidemic was at its height. He was aware they had no evidence in favour of the use of the vaccine to work upon; but they should not have damned it with faint praise.'¹⁶⁴

'As a result of this', related another Cape Town doctor, 'the doctors of the Peninsula were puzzled and stayed their hands, and many lives were lost which could have been saved if vaccine had been used more freely.'¹⁶⁵

This clash of opinion between medical men in Cape Town and Johannesburg was most sharply illustrated by what happened in the UDF. Colonel Orenstein was sceptical of the utility of vaccines from the start and refused to recommend their use.¹⁶⁶ However, his Assistant Director of Medical Services in Cape Town, Colonel Sir John Hewat, was convinced not only of 'the efficacy of the serum as a Prophylactic but later as a curative',¹⁶⁷ and he went on record to this effect in the press.¹⁶⁸ This fundamental difference of opinion at the highest level touched off a furore in military circles and the Minister of Defence noted tartly,

164. IEC, vol. 2, file 8, part 2: Evidence of Dr D P Marais, pp. 1, 3-4. See too his comments in Cape Times, 23/10/1918, p. 6 and in South African Medical Record, 14/12/1918, p. 359. For further medical opinion in the same vein, see South African Nursing Record, November 1918, p. 22.

165. Debates of the House of Assembly ... as reported in the Cape Times, vol. 4, p. 247, col. 3.

166. CA: GES 67, file 13/42A, sub-file 316/28, Record by Dr Mitchell of discussion with Col Orenstein [12/10/1918]. See too De Volkstem, 25/10/1918, p. 12.

167. SADF Archives: DC 1303, file 4003, Col J Hewat to DMS, 23/10/1918.

168. Cape Argus, 21/10/1918, p. 5.

'I hope Col Orenstein will impress upon his ADMS' re the advisability of rushing to the newspapers with half-formed theories & conclusions. This business has caused quite a stir & I have had to quote Col Orenstein's views as against those of Col Hewat.'¹⁶⁹

Orenstein's views prevailed at Roberts' Heights,¹⁷⁰ but he does not seem to have gone beyond official discouragement of inoculation elsewhere.¹⁷¹ At several camps this was not heeded.¹⁷²

The press-reading public was dismayed by these contradictory statements. In Cape Town many of those who had, in good faith, allowed themselves to be inoculated, now doubted the wisdom of their action, while others, as yet uninoculated, promptly refused to be done.¹⁷³ 'Pitchford's report disturbing public', Willmot wired Pretoria angrily.¹⁷⁴

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- 169. SADF Archives: DC 1304, file M/4501, vol. 2, Unsigned gloss, 31/10/1918, on Deputy DMS to Secretary for Defence, 28/10/1918.
 - 170. SADF Archives: DC 1323, file 9003, Report by Lt Col Michie to DMS, 27/11/1918.
 - 171. SADF Archives: DC 1303, file 4501, vol. 1, telegram from DMS to District Staff Officer, East London, 18/10/1918; DC 1304, file M/4501, vol. 2, Staff Officer for Medical Services to ADMS, Durban, 19/10/1918.
 - 172. SADF Archives: DC 1303, file 4003, Report on Influenza Epidemic in Durban Military Area by ADMS, Durban, 29/11/1918; DC 364, file 40177, Circular no. 204 from District Staff Officer, East London to Officers of Defence Rifle Association, no. 3 Military District, 28/10/1918; IEC, vol. 2, file 9: 'Minute on Anti-Influenza Vaccine as a Prophylactic used in Capetown October 1918' by Major G D Maynard.
 - 173. South African Nursing Record, November 1918, p. 22; Cape Argus, 21/10/1918, Editorial; 23/10/1918, Editorial.
 - 174. CA: GES 67, file 13/42A, sub-file 316/28, telegram from Dept. of Public Health, Cape Town to Dept. of Public Health, Pretoria, 22/10/1918.

Three days after issuing its ambivalent memorandum, the Public Health Department confused the situation even further, with a second memorandum, which contained a report by leading English bacteriologists which it had recently received. In it they recommended the use of vaccine against 'flu and its complications.¹⁷⁵ 'In the history of medical science in South Africa there has never been so great a change of front', commented one columnist caustically. 'It took only two days to convince the Johannesburg authorities that they were in the wrong.'¹⁷⁶ Bewildered and distressed, a correspondent wrote in the Cape Argus:

'Faith is a great thing, and to destroy the people's faith in a time of stress, such as we are now experiencing, is a cruel thing, the more particularly as, pace the savants, the faith is not ill placed.'¹⁷⁷

Probably, most of those who took note of this disagreement eventually followed the advice of someone they trusted - a family doctor, a friend or a member of the family. For the vast majority of the population, however, ignorant of the controversy, the determining factor in being inoculated or not would have been whether they accepted or rejected inoculation in principle. Predictably, therefore, the greatest hostility to inoculation occurred among those who had been least exposed to Western medicine, namely rural Blacks,¹⁷⁸ 'Coloureds',¹⁷⁹ and Indians.¹⁸⁰

175. Cape Times, 23/10/1918, p. 6. For Watkins-Pitchford's less than enthusiastic comments on this report, see CA: GES 67, file 13/42^A, sub-file 316/28, Director SAIMR to MOH for Union, 22/10/1918.

176. Tembuland News, 15/11/1918.

177. Cape Argus, 30/10/1918, p. 3.

178. See Chapter 5, pp.165-167.

179. Collier Collection: Letter from Dr R van Geuns, June 1972.

180. IEC, vol. 1, file 3: Statement by P Binns, p. 9; Evidence of Mr Nayanah, p. 32.

In these circumstances, it is not surprising that initially the Public Health Department was unwilling to commit itself to an active campaign of inoculation. However, bolstered by accumulating evidence of the vaccine's utility and by the favourable report of the English bacteriologists, its confidence grew. Three days after it had issued the latter report, the Department officially authorised magistrates to arrange for District Surgeons and properly instructed laymen to undertake free public inoculations in areas outside the jurisdiction of local authorities.¹⁸¹ This it quickly supplemented by agreeing to the supply of SAIMR and Cape Town vaccine free of charge to all local authorities or doctors wishing to utilise it.¹⁸² It seems clear that by then it was convinced that, as Dr Arnold put it, 'Both vaccines apparently afford some protection against influenza and mitigate or prevent complications.'¹⁸³

With these decisions by the Department, the use of vaccine became widespread,¹⁸⁴ though often this was less out of conviction than from a desire to satisfy popular clamour and calm anxiety. In Paarl 'people were scared, but derived courage from inoculation,' reported a local doctor,¹⁸⁵ while

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- 181. Transvaal Archives: Magistrate Marico 4/3/26, Circular no. 24 of 1918 from Dept. of Public Health, 1/11/1918. This arrangement was subsequently extended to the Cape, presumably to include Divisional Council areas (Cape Archives: 1/CT 15/4, Circular no. 25 of 1918 from Dept. of Public Health, 1/11/1918).
 - 182. Transvaal Archives: Magistrate Marico 4/3/26, Circular no. 24 of 1918 from Dept. of Public Health, 1/11/1918.
 - 183. CA: GES 67, file 13/42^A, sub-file 316/28, telegram from Dr Arnold to Governor of Hong Kong [19/11/1918?].
 - 184. Even the Prime Minister, General Botha, was inoculated (Rand Daily Mail, 11/11/1918).
 - 185. IEC, vol. 2, file 8, part 2: Evidence of Dr A L de Jager, p. 1. For further examples of its morale-boosting effect, see IEC, vol. 1, file 1: Evidence of Dr Leipoldt, p. 25; vol. 1, file 4: Evidence of J H O'Connell, p. 5; vol. 2, file 6: Evidence of Dr G Pearson, p. 7; vol. 2, file 9: 'Minute on Anti-Influenza Vaccine as a Prophylactic used in Capetown October 1918' by Major G D Maynard; South African Medical Record, 8/2/1919, p. 41; UG 15-'19, p. 32.

a Germiston practitioner found that when he injected a woman who imagined she had Spanish 'flu, with water, she recovered at once.¹⁸⁶ The District Surgeon of Mossel Bay was not too proud to admit

'that from the time he started using Cape Town vaccine for treatment he felt he had a remedy that at any rate reduced the feeling of helplessness.'¹⁸⁷

Perhaps some doctors felt inoculation was necessary so that people did not lose faith in the medical profession or even in human ability to 'do something' against the 'flu. A contributor to Ilanga lase Natal put his finger on this very point the following year:

'Medical Science has told us ... inoculation in the late "Flu" was used to arrest, to modify or to prevent the "Flue" [sic] but [it] was simply a psychological side of the question (superstition?) to arrest public alarm and panic and thus assist the authorities to maintain law and order and to restore general confidence in Medical Science.'¹⁸⁸

Whatever the motive, the use of vaccine increased dramatically and soon neither the SAIMR nor the Cape Town Laboratory was able to meet the orders reaching them,¹⁸⁹ despite assistance given to the former by the veterinary laboratory at Onderstepoort.¹⁹⁰ Clinsearch continued to

186. Interview with Mrs Scully.

187. IEC, vol. 2, file 8, part 2: Evidence of Dr F T Waldron, p. 3.

188. Ilanga lase Natal, 30/5/1919.

189. CA: GES 67, file 13/42A, sub-file 316/28, Gloss by Dr Mitchell on 'Influenza Epidemic - Utility of Inoculation', 28/10/1918; Telegram from Dept. of Public Health, Cape Town to Dept. of Public Health, Pretoria, 29/10/1918.

190. CA: GES 67, file 13/42A, sub-file 316/28, Record by Dr Mitchell of telephone conversation with Dr Watkins-Pitchford, 16/10/1918; Director of Veterinary Research to Director SAIMR, 19/10/1918. For an ironic comment on the use of a veterinary laboratory in the campaign against an epidemic among humans, see Diamond Fields Advertiser, 16/10/1918, p. 7.

receive orders for its vaccine,¹⁹¹ but it was the free SAIMR and Cape Town vaccines which were in greatest demand. It was not until early in November that sufficient quantities of these became generally available.¹⁹² Between them, the SAIMR and the Government Laboratory in Cape Town issued some two million doses of vaccine.¹⁹³ How much Clinsearch sold is unknown.

Once the epidemic had passed, it became imperative to ascertain exactly how effective vaccine therapy had been, as the 'flu was fully expected to return in 1919. Evidence - statistical, semi-statistical and purely impressionistic - was sought from all quarters, much of it to be laid before the Influenza Epidemic Commission.¹⁹⁴ The Commission's conclusions on this question reflected the equivocation which had characterised the Department of Public Health's own behaviour: it could make no definite recommendation, it said, because of the controversial nature of the evidence,¹⁹⁵ but vaccines seemed to have helped in many cases,¹⁹⁶ though in future, 'no public recommendation should be issued by Government to use vaccines the utility, or at least harmlessness, of which has not been thoroughly and scientifically established'.¹⁹⁷ It strongly urged that

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191. CA: GES 67, file 13/42^A, sub-file 316/28, Director Clinsearch Laboratories to Dr Mitchell, 20/11/1918.
192. CA: GES 67, file 13/42^A, sub-file 316/28, Memorandum from Dr Mitchell to Dr Arnold, 6/11/1918.
193. The SAIMR issued over one million doses (Transvaal Chamber of Mines: 29th Annual Report for 1918, p. 73), the Government Laboratory in Cape Town 954,424 doses (IEC, vol. 2, file 7, part 1: Written Evidence by Dr Robertson, Major Pullon and Captain Garrow, p. 4).
194. The main testimony of this nature came from Dr W Watkins-Pitchford, Dr J Pratt Johnson, Dr F S Lister, Dr F C Willmot, Dr G W Robertson, Major E D Pullon, Captain A Garrow, Professor T.J. Mackie, Major G D Maynard and the Transvaal Chamber of Mines. The South African Medical Record also appealed to doctors to report on their experiences and editions of this journal between 26 October 1918 and 12 April 1919 carried many valuable comments on the use of vaccine, both for and against.
195. UG 15-'19, para. 123.
196. Ibid., para. 124.
197. Ibid., para. 127. A clause giving the Government the right to inspect all vaccine was included in the new Public Health Act (Act 26 of 1919, section 124).

research be begun at once into vaccines to combat 'flu.¹⁹⁸ Dr Lister set to work immediately and over the next few years, in common with bacteriologists all over the world, he conducted extensive research into the aetiology of influenza.¹⁹⁹ However, it was not until 1933 that the fundamental breakthrough was made in this field - the discovery by three researchers in England that influenza is caused by a virus,²⁰⁰ a fact which Dr Lister and Professor T J Mackie of the University of Cape Town, among others, had suspected in 1918.²⁰¹

It was the absence of this basic knowledge more than anything else which lay at the root of the variable performance of the three vaccines in wide use in South Africa in 1918. Apart from their hit and miss methods of preparation, their ignorant and tardy administration, the over- and under-doses, the septic syringes and the incomplete sets of inoculations,²⁰²

198. UG 15-'19, para. 125.

199. See for instance his articles in SAIMR Publications, vol. 1, no. XII (1919); South African Medical Record, 25/11/1922, pp. 434-436; Journal of Medical Association of South Africa, 13/4/1929, pp. 179-181; SAIMR Annual Reports, 1919 onwards, 'Research Division' sections.

200. A W Crosby: Epidemic and Peace, 1918 (Westport, 1976), pp. 287-289; W I B Beveridge: Influenza - The Last Great Plague (London, 1977), pp. 7-9; H J Parish: A History of Immunization, p. 295.

201. South African Medical Record, 14/12/1918, p. 358; Medical Journal of South Africa, November 1918, p. 293; UG 15-'19, para. 17; H J Parish: Victory with Vaccines - The Story of Immunization (Edinburgh and London, 1968), p. 160.

202. See pp.215-18 above and Chapter 5, p.166; CA: GES 67, file 13/42A, sub-file 316/28, telegram from Dept. of Public Health, Cape Town to Dept. of Public Health, Pretoria, 2/11/1918 and reply from Dept. of Public Health, Pretoria to Dept. of Public Health, Cape Town, 4/11/1918; IEC, vol. 1, file 1: Evidence of Dr J Pratt Johnson, p. 2; vol. 1, file 4: Evidence of Dr E Hill, p. 7; vol. 2, file 8, part 2: Evidence of Dr Waldron, pp. 2-3; Evidence of W Stuart, p. 4; South African Medical Record, 14/12/1918, pp. 353-354, 356; 28/12/1918, p. 384 (patient M K F) and p. 388; 25/1/1919, p. 21; 8/2/1919, p. 41; 22/3/1919, p. 94; Transvaal Critic, 22/11/1918, pp. 663-664; Letter to author from Mrs A Frayne, February 1981.

it was the general belief that Pfeiffer's bacillus influenzae was the prime causative organism that made the three vaccines (which included it as their major agent to ward off the 'flu) so ineffective as prophylactics. On the other hand, they appeared to be more successful when used therapeutically, possibly because they all eventually included a variety of cocci²⁰³ which could have helped build up resistance against the pneumonic complications that were so deadly. Some medical men believed that it was because the Clinsearch vaccine was so extremely mixed in composition²⁰⁴ that it seemed to be relatively more effective in treating the 'flu than the others. In the words of one doctor, it was 'immensely extensive, in other words a bigger blunderbuss, and it consequently hit far more cases than that of the Government, which was not nearly so polyvalent'.²⁰⁵

For all these misconceptions and errors, it is likely that the episode of the Spanish 'flu helped widen the general acceptability of vaccine therapy in South Africa, both in medical and non-medical circles.²⁰⁶ There is no doubt that Colonel Hewat was not the only doctor, 'conservative to [sic] old methods and not ready to accept new without full proof and thoughtful consideration, ... one who has never accepted the doctrine of vaccines and serum for all known diseases',

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203. CA: GES 67, file 13/42A, sub-file 316/28, Clinsearch Laboratories Statement no. 4, 1/11/1918; SAIMR Notice (marked 58/316/28), n.d.; Telegram from Dept. of Public Health, Cape Town to Dept. of Public Health, Pretoria, 3/11/1918.
204. CA: GES 67, file 13/42A, sub-file 316/28, Clinsearch Laboratories Statement no. 4, 1/11/1918.
205. South African Medical Record, 14/12/1918, p. 359.
206. See for instance, SADF Archives: DC 1304, file M/4501, vol. 5, Dr Arnold to Col Stock, 30/5/1919; Cape Times, 8/3/1927 (Statement by Dr Shaddick Higgins).

who, as a result of his experiences during the 'flu, came to believe 'unhesitatingly that proof is ample of the value of the vaccine'.²⁰⁷ A doctor in Ladysmith who had found Clinsearch vaccine of 'great clinical value',²⁰⁸ summed up the argument for vaccine therapy in a neat and topical metaphor: 'War is waged with counter-attacks, so now are many diseases, and the value of vaccine in this epidemic clearly shows that vaccine has gained another victory.'²⁰⁹

It was not merely over its handling of the vexing vaccine question that the Public Health Department came under fire. Sharp criticism of its overall performance during the epidemic was levelled at it too, in newspapers, before the Influenza Epidemic Commission and in private. Much of this criticism displayed little appreciation of the very real problems facing the Department, but much of it was well justified.

Many complained that it was slow to recognise the gravity of the situation and as a result it had failed to give the country warning of the epidemic engulfing it. In the opinion of the Acting MOH of Pretoria:

'There was one official who should have been in a position to warn municipalities of the threatened epidemic and that was the Medical Officer of Health for the Union. No one else was likely or could be expected to have such authoritative information ... He did not say that Dr Arnold should have known it was "going to be" serious. He should have known that it was serious when it became so.'²¹⁰

207. SADF Archives: DC 1303, file 4003, Col J Hewat to DMS, 23/10/1918.

208. South African Medical Record, 11/1/1919, p. 4.

209. Ibid., p. 6.

210. IEC, vol. 1, file 1: Evidence of Dr P H Haylett, pp. 3-4, 6.

For allowing sick Blacks to travel home by train and so spread the epidemic country-wide the Department received considerable blame too, especially from Whites in the country districts. A journal catering for rural readers angrily claimed:

'We have every right to know why it is possible for a Government to make laws that infected cattle may not move here or there, and yet confess themselves powerless to prevent panic-stricken natives scattering all over the country, ... handing on the infection to helpless inmates of the kraal ... Surely the first duty of the Government is the welfare of the people, and in unusual crises unusual steps should be taken ... Had it been possible to prevent this influenza from spreading till we had learned a little more about the treatment of it and the importance of good nursing, there would not to-day have been such a terrible death-roll. But it was allowed to run everywhere at once, like spilt quick-silver ...'²¹¹

With characteristic acrimony, Ons Vaderland related how 200 Blacks had been allowed to travel to Rustenburg straight from Kimberley, 'daardie broeikas van siekte ... nes of die regering meen dat die natuurlike verspreiding nie vinnig genoeg gaan nie; dat hul die kwaad moet bevorder!'²¹² It produced a grotesque explanation as to why these men and the Black miners from the Rand had been permitted to go home:

'De mijnmagnaten zaten opgescheept met de duizende zieke kaffers. Werk zouden ze niet uit hen kunnen krijgen voor geruime tijd, en 't begraven kost geld. Dus was 't in 't belang van de goud- en diamantkoningen om de kaffers zo gauw mogelijk kwijt te raken. Ze worden eenvoudig over de lengte en breedte van Z. Afrika verspreid.'²¹³

As the final barb in one of its tirades, it wrote of 'Die Unie Dept. van Publieke Gesondheid (ook genoemd: Dept. van Epidemiën)';²¹⁴ elsewhere it referred to Watt as the

211. The Homestead, 27/11/1918, p. 31.

212. Ons Vaderland, 15/10/1918, p. 5.

213. Ons Vaderland, 5/11/1918, p. 6.

214. Ons Vaderland, 25/10/1918, p. 6.

'Minister voor Ziekteverspreiding'.²¹⁵

Not only were the Department's failings believed to have been ones of omission. It was also thought to have been tardy in launching relief once it had realised what was happening, while these relief measures were widely felt to have been wholly inadequate. 'If we wait for the Government to come and do everything for us we shall all be dead and buried', gibed the People's Weekly.²¹⁶ 'The initiative has been left to others', protested The Star, 'the Public Health Department has failed completely to give any lead.'²¹⁷ In the opinion of the Rand Daily Mail, the general impression which the Department's behaviour had created was of a lack of 'vigour or generosity. Bitter complaints have been made by many country areas of the trifling character of the assistance rendered in response to appeals for help and of the amount of red tape involved in the effort.'²¹⁸ Nor were such feelings limited to editorial columns. In a private letter to General Smuts, the Governor-General expressed his opinion that 'throughout the epidemic, it [the Department of Public Health] has shewn want of energy, courage, and resource, in dealing with the position',²¹⁹ while, in a caustic aside at a council meeting, the Mayor of East London suggested, 'Had this been an outbreak of foot and mouth disease or scab, all the vets. [sic] would have been rushed to the spot and a million of money would have been spent.'²²⁰

215. Ons Vaderland, 10/12/1918, p. 3.

216. People's Weekly, 9/11/1918, Editorial.

217. The Star, 24/10/1918, Editorial.

218. Rand Daily Mail, 20/2/1919, Editorial.

219. CA: A1 (Smuts Collection), vol. 203, Buxton to J. C Smuts, 5/11/1918. For a similar opinion expressed by a well-informed medical man in state employ, see South African Library MSS Department: MSC 15 (Merriman Collection), Letter no. 570 from Dr C L Leipoldt to Merriman, 5/11/1918.

220. Daily Dispatch, 15/11/1918, p. 6.

To many, the Department seemed inept and unable to cope with the situation precipitated by the 'flu. It had 'lamentably failed in rising promptly and effectively to the emergency', declared the Cape Times, adding,

'[T]he gravamen of the charge against the Department is that, instead of showing itself the provident and well-prepared authority that we have a right to expect from a Public Health Department, it showed a lack of imagination and initiative that were wholly deplorable.'²²¹

Pretoria's Town Engineer testified to feeling that 'there was nothing expert about what was done. There was enthusiasm, but no advice and no guiding hand.'²²² De Burger did not mince its words, referring to 'Het totaal gebrek aan vertrouwen in de bekwaamheid der hoogste landbestuurderen',²²³ while in criticising the confusion of authority and absence of uniform measures against the 'flu, the Government-supporting De Volkstem concluded 'dat daar iets totaal verkeerd is in ons gesondheidsdiens oor die algemeen'.²²⁴ Indeed, at one stage so fumbling did the Department's actions appear, that the ever-active Secretary for Defence seriously contemplated 'so drastic a step as taking the control out of the hands of the Health Department & giving it to the A[cting] D[irector] of M[edical] S[ervices], ... [who was] more fully competent to organize effective measures & make the best of all available resources.'²²⁵

There was criticism too (and this was not solely of the Public Health Department, but of many doctors as well) of the

221. Cape Times, 15/10/1918, Editorial.

222. IEC, vol. 1, file 1: Evidence of F W Jameson, p. 1.

223. De Burger, 30/10/1918, p. 3.

224. De Volkstem, 15/10/1918, p. 5.

225. SADF Archives: DC 1151, file DB 2430/2, Minute from Sir Roland Bourne to Minister of Defence, 31/10/1918.

terminology employed. 'Flu' was felt to be a wholly misleading term as, by using it, people were led to believe it was 'n verkoudheid ... wat iedereen van ons ... gereëld, éénmaal in die jaar, soms tweemaal krij'. They therefore were inclined to treat what was a highly dangerous disease rather lightly, shrugging it off with an 'Ag - wat, dis net "flue" [sic], - neem n sweetmiddeltje en raak dit kwijt.'²²⁶ For this reason the People's Weekly believed

'there is much to be said for the contention of the Cape doctor²²⁷ that it would have been better, even were we clinically in error, to have called the epidemic "plague" or something sufficiently alarming to startle the public into taking it seriously.'²²⁸

It is clear that many held the Public Health Department responsible to no small degree for the devastating impact of the epidemic. Referring to the Italian origin of the word 'influenza' as the term for 'an ethereal essence, or influence ... descending from unfriendly stars upon helpless mankind', the Medical Journal of South Africa observed:

'It appears to be the opinion of a considerable section of the South African community that the Public Health Department has, for the nonce, supplanted the celestial bodies in this particular work.'²²⁹

In a similar vein, the South African Medical Record referred to the 'enormous amount of loose and very unfair talk ... indulged in by the laity, in the press and otherwise, and any amount of desire manifested to hang somebody'.²³⁰

For its defence of the Public Health Department and assertion that it had 'the confidence and support of the profession in this time of unparalleled national calamity' and would

226. De Volkstem, 22/10/1918, p. 9.

227. See p.203 supra and Chapter 7, pp.242-243.

228. People's Weekly, 9/11/1918, Editorial.

229. Medical Journal of South Africa, September 1918, p. 243.

230. South African Medical Record, 9/11/1918, p. 320.

continue to receive it 'so long as it discharges its functions with a greater regard to technical efficiency than to political expediency',²³¹ the Medical Journal of South Africa was slated by De Volkstem. It spoke of the 'vrijmetselaarsgilde van die suid afr/[ikaanse] medisi' which overrode all protest and dissent:

'Wat sal die publiek, die arme publiek, dus nog praat! Dit is die gekonsentreerde opinie van die ganse gilde dáardie, en basta daarmee. Die publiek kan doodgaan, maar die "ambag" alleen mag oor die "tegniese doelmatigheid" van een en ander oordeel.'

On the contrary, to it it seemed

'alsof 't hier nie soseer die vraag is of die "professie" al of nie vertrouwe stel in die dept., als wel wat vir vertrouwe ons publiek vandaag nog in die "professie" stel. Ons eie publiek het eenmaal 'n jammerlik oordrewe idee gehuldig van die kapasiteite en die toegewijdheid van die "professie", maar ons vrees dat die hoë dunk in hierdie krisis 'n baie gevoelige deuk gekrij 't.'²³²

All these criticisms pointed in the same direction - the Public Health Department was, in constitution, scope, staffing and resources wholly inadequate for the task of safeguarding the health of the Union's population. What the Spanish 'flu episode did was to expose this fact dramatically and unequivocally. 'The Union Public Health Department could not really be called a Public Health Department at all', claimed Durban's MOH,²³³ and, in his written evidence to the Influenza Epidemic Commission he elaborated on this with a graphic analogy: the existing Department

231. Medical Journal of South Africa, September 1918, p. 243.

232. De Volkstem, 1/11/1918, Editorial.

233. IEC, vol. 1, file 3: Evidence of Dr P Murison, p. 10.

'have done all that was humanly possible for mortal men to do, but when I point out that the small Borough of Durban permanently employs as many medical men - each one with public health qualifications - as are to be found in the Union Public Health Department at Pretoria, the absurdity of the position is apparent. I have compared the relative positions as between a small rowing boat that can be manned efficiently by three men, and demanding of these same three men to take out to sea a Trans-Atlantic Liner!'²³⁴

After the experience of the 'flu there was only one answer: the embryonic Department had to be reconstituted as a fully-fledged Department of Public Health. '[W]e are very anxious to have an efficient health department (not an apology for one, as at present)', asserted the Chairman of the Influenza Epidemic Commission.²³⁵ The Report of his Commission spelt this out in unambiguous terms:

'It should be the urgent concern of the Government to immediately establish a thoroughly autonomous and efficient Health Department on modern lines, the Head of which shall be his own Accounting Officer directly responsible to a Minister.'²³⁶

234. Ibid.: Written Statement by Dr Murison, pp. 19-20.

235. Union of South Africa: Report of Select Committee on the Public Health Bill, SC 3-'19, pp. 41-42.

236. UG 15-'19, para. 85. In succeeding paragraphs (86-95) the Commission spelt out the composition and duties it envisaged for such a Department.

CHAPTER 7

WHAT WAS SPANISH 'FLU? MEDICAL AND LAY OPINION AS TO ITS NATURE AND TREATMENT

The substantial difference in the number of Spanish 'flu deaths in the western half of South Africa (broadly speaking) as distinct from the north-eastern parts¹ suggests that in September 1918 the country was almost simultaneously infected from two directions by two different waves of the epidemic.² The milder first wave probably entered via Durban early in September³ and was rapidly carried from there to Natal and parts of the Transvaal, in particular to the Witwatersrand; the far more virulent second wave seems to have reached Cape Town from Freetown on 13 September,⁴ and then spread swiftly to the rest of the Cape Province, the OFS and the Western Transvaal,⁵ where it had a devastating impact. It is likely that by the time it reached

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1. See ch. 9, pp.292-3.
 2. The Influenza Epidemic Commission mentioned this as a possibility too (see Union of South Africa: Report of the Influenza Epidemic Commission, UG 15-'19, para. 24).
 3. See Introduction, p.8 and ch. 1, pp.10-11. Evidence was given that mild, first-wave Spanish 'flu had been present in South Africa for several months before September 1918, but this must be regarded with circumspection as it came mainly from Dr Willmot and Dr Keet who were both anxious to prove that they had not been responsible for allowing Spanish 'flu into the Union (see ch. 2, p.24 and UG 15-'19, paras. 21, 22).
 4. Ch. 2, pp.24-25.
 5. The role of cold and windy weather in facilitating the swift spread of the epidemic is extremely difficult to gauge. In particular towns some contemporaries believed that unusual weather conditions had played a significant part (see ch. 2, p. 32, ch. 3, p.85 and C M J Aarts de Vries: Ziekeverpleging in Huis (Cape Town, 1919), p.67), but nationally, the Chief Meteorologist did not report exceptional conditions of any nature during September or October (South African Journal of Industries, November 1918, pp.1458-1459; December 1918, pp.1556-1557).

areas of Natal and the Transvaal already struck by the first wave, the latter had created a degree of immunity among those it had infected.⁶ Though temporary, this immunity lasted long enough to protect those who had recently suffered a bout of mild, first-wave Spanish 'flu against the deadly effects of the second wave.

A third wave of Spanish 'flu appeared in 1919, reaching its height towards the end of August. It was neither as intense nor as widely prevalent as the second wave and was accompanied by few of the pneumonic complications of the latter. Significantly, it seems to have been most serious among those unaffected in 1918.⁷

Epidemics of influenza were not new to South Africa in 1918: a serious outbreak was recorded as early as 1721⁸ and during the 19th Century there were numerous local outbreaks, some of them part of wider pandemics.⁹ However, although the incidence during these epidemics was sometimes high, the mortality was always low. This fact (together with the reported mildness of the first wave

6. On the question of immunity conveyed by a bout of influenza, see J M Last (ed): Maxcy-Rosenau Public Health and Preventive Medicine (11th edition, New York, 1980), p.118.

7. South African Medical Record, 26/7/1919, pp.220-221; 27/9/1919, pp.282-283; Union of South Africa: Annual Departmental Reports (Abridged), no. 1, 1920-1: Department of Public Health, UG 8-'22, p.141; Letter to author from Mr G W Cook, 25/10/1978; Interview with Mrs White; Collier Collection: Letters from Mr A van Wijk, 15/5/1972, and from Mr J D Smuts, 14/5/1972. SADF Archives: DC 1309, file M/5153 contains copies of the weekly Department of Public Health Bulletins, together with full incidence and mortality figures for the areas most affected.

8. Cape Argus, 23/1/1919, p.5 (Letter from W E F).

9. Ibid.; W I B Beveridge: Influenza: The Last Great Plague (London, 1977), pp.27-30; Cape Archives: 3/CT, vol. 1/1/1/75, 'Report to the Mayor and Councillors on the Influenza Epidemic September, October, November 1918 by the Medical Officer of Health A Jasper Anderson', p.1.

of 1918¹⁰) accounts for the lack of alarm among doctors when the first cases of Spanish 'flu were reported in South Africa in September 1918. The distinguished Kimberley doctor, E Oliver Ashe, explained:

'Having worked through epidemics in London (Whitechapel), Sheffield, and Maidstone nearly 30 years ago, I thought I knew what epidemic influenza meant; and when rumours of an impending outbreak began, I merely looked forward to a few weeks of extra hard work, with a rather heavy death-rate amongst the old, the feeble, and the alcoholic, though the majority of the cases would be mild.'¹¹

The influenza of these epidemics was not merely a severe common cold, as is popularly understood by this term. It was, in the words of a modern medical dictionary, 'an acute viral infection involving the respiratory tract'.¹² It was transmitted from an infected to an uninfected person in close proximity, mainly by coughing, sneezing or talking.¹³ Its dissemination was therefore 'greatly influenced by the density and mass of a population'; it spread 'exceptionally well in concentrated communities....'¹⁴

Pandemics of influenza usually occur when a major antigenic shift takes place in an influenza virus. This produces a new subtype of the virus to which the population has no pre-existing

10. Even if the first wave in Europe had not been mild, it is unlikely that the press in the belligerent countries would have been permitted to report otherwise (see ch. 6, p.190).

11. South African Medical Record, 11/1/1919, p.6.

12. Dorland's Illustrated Medical Dictionary (26th Edition, Philadelphia, 1981), p.665.

13. E D Kilbourne (ed): The Influenza Viruses and Influenza (New York, 1975), pp.495, 524; C Stuart-Harris and G C Schild: Influenza - The Virus and the Disease (London, 1976), p.121; A S Evans (ed): Viral Infections of Humans (2nd edition, New York and London, 1982), p.387.

14. W I B Beveridge: Influenza, p.44.

immunity.¹⁵ If pneumonic complications set in, these can prove fatal. This is what happened to a large number of Spanish 'flu victims of the second wave of 1918 - the virus seems to have been unusually pneumotropic.¹⁶ '[A/]ll but a comparative few died with secondary bacterial pneumonia', states a modern authority,¹⁷ and most doctors in South Africa at the time would have agreed.¹⁸ Why these complications should have been so serious and so common and why young adults were so susceptible, remains the subject of learned speculation and hypotheses - some ascribe these features to the particular virulence of the virus¹⁹ or the set of bacterial complications accompanying it,²⁰ others to the peculiar vulnerability of the population at the time.²¹

The course of the Spanish 'flu epidemic was typical of an epidemic of influenza: short and sharp, usually lasting three to four weeks in any one place.²² Probably this was because its

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15. E D Kilbourne (ed): Viral Infections of Humans, p.386. p.270; W I B Beveridge: Influenza, p.72; C Stuart-Harris and Schild: Influenza, pp.V, 62.
 16. A S Evans (ed): The Viral Infections of Humans, p.386.
 17. E D Kilbourne (ed): The Influenza Viruses and Influenza, p.505.
 18. Dr J A Mitchell of the Department of Public Health estimated that 90% of those Spanish 'flu victims who developed pneumonia or broncho-pneumonia died (SADF Archives: DC 1323, file 9003, Mitchell to DMS, 30/1/1924).
 19. E D Kilbourne (ed): The Influenza Viruses and Influenza, p.273; C Stuart-Harris and Schild: Influenza, pp.12, 230.
 20. E D Kilbourne (ed): The Influenza Viruses and Influenza, pp.485, 505, 508.
 21. Ibid., pp.507-508; C Stuart-Harris and Schild: Influenza, pp.12, 230; F F Cartwright: A Social History of Medicine (London, 1977), p.187; G M Howe: Man, Environment and Disease in Britain - A Medical Geography through the Ages (Harmondsworth, 1976), p.199. While this may have been the case in war-ravaged Europe (a point contested by J M Winter: 'The Impact of the First World War on Civilian Health in Britain' in Economic History Review, vol. 30 (1977), pp.488-489), this can hardly hold for South Africa and many other parts of the world where World War I had a limited effect on material conditions.
 22. A S Evans (ed): Viral Infections of Humans, p.384; UG 15-'19, para. 58.

high infectivity and the immunity which this conferred rapidly exhausted the stock of potential victims.²³

In 1918 little was known about the aetiology of influenza. Medical ignorance arose from the belief that Pfeiffer's bacillus (*Haemophilus influenzae*) was the primary cause of influenza, with a variety of cocci as complicating factors.²⁴ (The presence of an even tinier causative micro-organism, the influenza virus, was as yet hardly suspected.) Its mode of transmission was still a subject of debate in medical circles.²⁵

How much the public understood of the Department of Public Health's statements setting out this information²⁶ is difficult to gauge. De Volkstem informed its readers that they 'behoeven zich niet juist 't hoofd te breken over de mikrokokkus of de streptokokkus' - they should simply follow the practical measures recommended.²⁷ A comment in the Pretoria News, though tongue-in-cheek, suggests the level of comprehension this newspaper sensed among its readers. It wrote:

'We are glad to learn that the medical men know exactly what this rather unpleasant disease arises from. We are now able to advise our readers to avoid streptococci and dodge micrococcus catarrhalis ... It is very important that there should be no kissing, since our friend the cocci is carried by the sputum.'²⁸

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23. J M Last (ed): Maxcy-Rosenau Public Health and Preventive Medicine, p.118.
 24. A W Crosby: Epidemic and Peace, 1918 (Westport, 1976), ch. 13; A W Reid: Sanitation and Public Health (1st edition, Cape Town, 1923), p.168.
 25. IEC, vol. 2, file 7 part 1: Evidence of Dr G W Robertson, p.9; vol. 2, file 8 part 2: Evidence of H Urquhart, p.1; vol. 2, file 9: Letter from Dr Rouillard, 15/12/1918; UG 15-'19, para. 57; South African Medical Record, 9/11/1918, p.319; Cape Argus, 8/10/1918, p.5.
 26. UG 15-'19, Appendices E and F.
 27. De Volkstem, 15/10/1918, p.5.
 28. Quoted in Daily Dispatch, 14/10/1918, p.4.

A large number of people found the very concept of germs strange and difficult to grasp. There were 'many thousands of whites', wrote a contributor to one newspaper, 'who smile secretly when they are told that an inoculation dose contains so many millions of germs and humour the physician by pretending to believe, ...',²⁹ Widely prevalent too, was the belief that the disease was spread by the wind.³⁰

Many of the clinical features of Spanish influenza - or 'epidemic influenza' as it was officially labelled - were typical of ordinary non-epidemic influenza, if often more acute:³¹ sudden onset, high fever with temperatures of over 100°F, headaches, muscular pains, sore throat, a racking cough and a general feeling of lassitude and debility - 'the desire to lie down and sleep on the nearest pavement', as one sufferer described it.³²

'I simply had no idea that a few days of it could reduce one to a condition of such limpness - chewed string almost describes ones [sic] feeling',

wrote a recuperating Sir James Rose Innes, the Chief Justice.³³

In severe cases or when serious pneumonic complications supervened, ominous new signs appeared, auguring ill for the patient and appalling those at the bedside: laboured breathing,

29. Transkeian Gazette, 26/12/1918. See the South African Review, 18/10/1918, p.13 for a humorous account of the level of popular comprehension of germ theory.

30. De Volkstem, 11/10/1918, Editorial; The Friend, 6/11/1918, Editorial; 3/1/1919, Editorial; IEC, vol. 2, file 8 part 2: Evidence of Mrs K Stuart, p.2; Interviews with Mrs A Ketkar, Mr P Ntshikela, Mrs Rockman, Mr S Stone, Mr A Venter and Mrs D Zaula.

31. The chief sources for this and the next paragraph are numerous articles in the South African Medical Record between November 1918 and April 1919 and the vivid recollections of 'flu survivors.

32. South African Nursing Record, October 1918, p.1.

33. South African Library MSS Department: MSC 15 (J X Merriman Collection), Letter 532 from James Rose Innes to Merriman, 15/10/1918.

crackling sounds from the lungs, bloody expectoration, a furry coating of the tongue, heliotrope tingeing of the skin, bleeding from nose or mouth, delirium, sleeplessness and a host of gastric symptoms including diarrhoea and vomiting. Distinctive too, was an odour like very musty straw - the unforgettable smell of the 1918 'flu, a survivor recalled, 'so pungent, ... it just came into your nostrils with a bang'.³⁴

So unusual were the latter symptoms in ordinary cases of influenza that many doctors were nonplussed. Two consecutive prescriptions by Dr Ashe for an early Spanish 'flu case were entirely different - the symptoms 'appeared to baffle him', remarked the pharmacist who dispensed them.³⁵ Another Kimberley practitioner concluded that a wholly new type of pneumonia had appeared. 'He had seen cases with gangrene of the feet and fingers,' he told the Influenza Epidemic Commission, 'and one did not get gangrene with influenza or ordinary pneumonia'.³⁶ In striking contrast, a Johannesburg doctor treated cases of the epidemic as a gastro-intestinal disease 'purely and simply'.³⁷

Other medical men reached more startling conclusions: the prominent bacteriologist at the head of Grey's Hospital, Pietermaritzburg, Dr Alexander Edington, claimed that the causative agent was related to plague,³⁸ while a general practitioner in

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34. Interview with Mr P J du Plessis. See too interview with Mrs W Petersen; Collier Collection: Letters from Mr C Eustace, 20/5/1972, and from Mr F J van der Merwe, 2/4/1973; Copy (in author's possession) of letter from Chief ATM Letsie to Mrs J Hodgson, 9/9/1978; and South African Medical Record, 11/1/1919, pp.4, 10; 25/1/1919, pp.23, 32; 12/4/1919, p.99; 27/9/1919, p.283.
35. Collier Collection: Letter from Mr J Sperber, 11/5/1972.
36. IEC, vol. 2, file 6: Evidence of Dr S Zweiback, p.3.
37. Medical Journal of South Africa, November 1918, p.312.
38. SADF Archives: DC 1303, file 4003, Major A Edington to DMS, 7/11/1918. Across the top of this report Colonel Orenstein wrote, 'Observations of no value whatever.' Nevertheless, Edington's conclusions were published in the South African Medical Record, 14/12/1918, pp.359-363. On his tendency to jump to unwarranted conclusions, see Dictionary of South African Biography, vol. IV (Durban and Pretoria, 1981), pp.144-145.

Vredenburg, Dr W Purvis Beattie, provoked strongly-worded refutations from medical authorities all over the country with his statement in the Cape Times that the epidemic was in fact pneumonic plague and that he was notifying the authorities to this effect.³⁹ Commenting on the many strange diagnoses initially, one doctor observed wryly how 'clinical diagnosis of epidemic influenza, once the disease is prevalent, is comparatively simple ... Once the epidemic is established the only difficulty is to avoid over-diagnosis.'⁴⁰

Yet, among the general public there were many who were unwilling to accept unquestioningly the medical establishment's rejection of 'strange diagnoses'. 'In God's name, when are you going to cease talking piffle about "influenza"?' demanded an exasperated reader of The Star. 'Influenza does not turn a corpse black but pneumonic plague does.'⁴¹ Many Afrikaners shared this conclusion,

39. See ch. 6, pp.203, 233.

Purvis Beattie's original letter was printed in the Cape Times, 24/10/1918, p.6. Subsequent statements by him appeared in the South African Medical Record, 14/12/1918, p.371 and IEC, vol. 2, file 9. Criticism of his conclusion was widespread - see Cape Times, 26/10/1918, p.7; Rand Daily Mail, 26/10/1918; Medical Journal of South Africa, September 1918, p.241; South African Medical Record, 9/11/1918, pp.320, 328-329, 331; SADF Archives: DC 1151, file DB 2430/2, Deputy DMS to CGS, 25/10/1918; DC 1304, file M/4501 vol. 2, DMS to MOH Union, 25/10/1918; WW1 1SD 24, file 685, Union Imperial Service Details Orders no. 160 by Brigadier-General J J Collyer, 28/10/1918.

It is worth noting that even before Purvis Beattie's letter to the Cape Times, a misreport in the press had given rise to rumours of pneumonic plague. These were speedily scotched (IEC, vol. 1, file 5: Evidence of Dr P Targett-Adams, p.2 and Appendix; The Friend, 19/10/1918, p.3).

40. Medical Journal of South Africa, December 1918, p.325.

41. The Star, 26/10/1918 (Letter from P R Roux). For further examples of the popular belief that the disease was pneumonic plague, see Cape Archives: 4/CT, vol. 1/1/1/21, p.467; 4/CT, vol. 1/2/1/1/26, p.117; Witwatersrand University Library, Historical and Literary Papers Division: AB 186 (Archbishop Carter Letters), Carter to Lord Wenlock, 13/10/1918; South African Farmer's Advocate and Home Magazine, November 1918, p.176; The News-letter, November 1918, p.311; Letter to author from Mrs A Frayne, February 1981; Collier Collection: Letter from Mrs E Melville, 14/5/1972.

calling the disease 'longpest'.⁴² Others employed more general terms: 'plague', 'black plague' and 'pestilence'⁴³ were freely used, while among Blacks, 'ifeva',⁴⁴ 'isibetho',⁴⁵ 'mbethalala'⁴⁶ or 'sbhatalala',⁴⁷ 'lerōbōrōbō',⁴⁸ 'semagamaga'⁴⁹ and 'driedag-siekte',⁵⁰ were common labels, the latter presumably taken over

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42. De Burger, 30/10/1918, p.3 (Letter from 'Opmerker'); 11/11/1918 (Pietersburg report); 12/11/1918 (Frankfort report); 26/11/1918 (Aliwal North report); 2/12/1918 (Riversdale report); De Volkstem, 24/12/1918, p.2 (Advertisement for Hannah's Geneesmiddelen).
 43. IEC, vol. 1, file 3: Evidence of Dr W Knight, p.21; vol. 2, file 6: Evidence of Dr Zweiback, p.3; De Burger, 29/10/1918, p.3; Kimberley Evening Star, 9/11/1918, p.6; South African Jewish Chronicle, 25/10/1918, p.962; De Kerkbode, 31/10/1918, p.1031; The Congregationalist, May 1919, p.14; Letters to author from Mrs E Aldworth, October 1978; Anonymous author, Pietermaritzburg, 16/10/1978; Collier Collection: Letters from Mrs V Crots (née Foster), 18/5/1972; Mrs E C Lacey (née Haw), 8/5/1972; Mrs E Louw, 14/5/1972; Interviews with Sister Diympla, Mrs Geach and Mr J Hodes; South African Library MSS Department: MSC 15 (J X Merriman Correspondence), Letter 559 from W C Scully to Merriman, November 1918; Letter 607 from G C Scully to Merriman, 25/11/1918.
 44. Cape Archives: 1/UTA 6/1/218, file 28 vol. 8, Missionary Superintendent Ross Mission to Magistrate Umtata, 24/10/1918; 1/1DW 21, file 66 vol. 4, L S Mamba to Magistrate Idutywa, 17/5/1920; Interviews with Mr A Gilela, Mr A Mahlageni.
 45. Literally, 'that which smites' (E Joubert: Die Swerfjare van Poppie Nongena (Cape Town, 1979), p.3).
 46. Literally, 'the thing that strikes you down and sends you to sleep' (D W Semple: A Scots Missionary in the Transkei (Lovedale, 1965), pp.64-65).
 47. Presumably a variant of 'mbethalala'. It was the term used by several Winterveld interviewees.
 48. Literally, 'the epidemic' (Interview with Mrs M Bogacu; J V Spears: 'An Epidemic among the Bakgatla: the Influenza of 1918' in Botswana Notes and Records, vol. XI (1979), p.71; Witwatersrand University Library, Historical and Literary Papers Division: A 979 (Molema-Plaatje Papers), Da 51, S Plaatje to Morolong, 6/11/1918.)
 49. Literally, 'the epidemic' (J V Spears: 'An Epidemic among the Bakgatla', p.71).
 50. Interviews with Mrs M Lester, Mrs M Moluto, Mr P Ndaba, Mr A Venter, Mrs S Venter; De Burger, 19/10/1918, p.3; J V Spears: 'An Epidemic among the Bakgatla', p.71; Collier Collection: Letters from Mr M J Els, 26/6/1972; Mrs R Vorster

from local Afrikaners. In one area where Blacks were the first victims, the accusatory term, 'Kaffersiekte' was coined;⁵¹ in another district, where the position was reversed, Blacks returned the compliment with, 'White man's sickness'.⁵² The National Party's coinage, 'Kakiepes' (since 'kakiekaffers het dit mos hier gebreng') found particular favour in anti-Government circles.⁵³

Yet, whatever the label, the implication was clear: the disease was certainly not what the ordinary person knew as influenza. 'Waarom moet so 'n pes 'n "influenza" genoem word?' an angry letter to De Volkstem wanted to know. 'Ons weet almaal [sic] wat "influenza" is, ons krij dit in die reel tweemaal in die jaar, ... 'n lastige maar nooit gevaarlike soort van ligte ongesteldheid, 'n verkoue.'⁵⁴ 'Influenza' was no more than 'a mild name' given by doctors 'to avoid panic', wrote another correspondent critically;⁵⁵ to refer to the disease as influenza was 'idiotic in the highest degree', protested a third.⁵⁶

This rejection of the official designation, 'influenza', and the proliferation of popular names for the disease emphasise how

(née Kriel), 16/7/1972. The origin of this name lay in the belief that patients who survived for three days would recover. The term was not restricted to South Africa (see A W Crosby: Epidemic and Peace, 1918, pp.25, 49).

51. De Burger, 1/11/1918, p.4. On the basis of the large number of Blacks and 'Coloureds' who contracted the disease initially, one 'Family Doctor' column hastily concluded that 'The disease is not dangerous to white people, ...' (Farm, Road and Seaside - The South African Caterer, October 1918, p.41).
52. Diamond Fields Advertiser, 26/10/1918, p.7.
53. Ons Vaderland, 25/10/1918, Editorial. For an alternative explanation of its origins, see Debates of the House of Assembly ... as reported in the Cape Times, vol. 4, p.45 (col. 1).
54. De Volkstem, 15/10/1918, p.5 (Letter from 'Verontwaardig').
55. The Reef, 30/11/1918, p.21.
56. Cape Argus, 31/10/1918, p.8 (Letter from 'Willing').

important it was to the lay public that the strange disease afflicting them should have a name which bore some relation to their experience of it. As Robin Horton has observed, 'To know the name of a being or thing is to have some degree of control over it.'⁵⁷

The popular belief that the disease was something extraordinary could only have been strengthened by frightening tales which gained wide currency at the time: for instance, that it induced a death-like coma which had caused more than one 'flu 'corpse' to awaken on the way to the cemetery;⁵⁸ that it caused the bodies of its victims to decompose with unusual speed⁵⁹ or that baboons⁶⁰

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57. R Horton: 'African Traditional Thought and Western Science' in M Marwick (ed): Witchcraft and Sorcery (Harmondsworth, 1970), p.352. On the implications of labelling diseases, see K Figlio: 'Chlorosis and chronic disease in 19th Century Britain: the social constitution of a somatic illness in a capitalist society' in Social History, vol. 3 (1978), pp.167, 171, 193 n.92.
58. Ons Vaderland, 14/1/1919, p.3; Cape Argus, 2/10/1965, Magazine section, p.11; Central Archives: Accession 172 (Eerw. Muller Versameling), vol. 2, p.38; Interviews with Mr C F C Cassisa, Mr J Granger, Dr H F Kamp, Mrs A Ketkar, Mrs L Mawu, Mrs W Petersen, Mr Solomons; Letter to author from Miss E Westphal, 10/10/1981; Collier Collection: Letters from Mrs I Beater, 26/5/1972; Mr S D Davids, 21/5/1972; Mrs K Gilham (née Le Roux), 8/6/1972; Mr J H Hankinson, 12/5/1972; Mr L E Holloway, 4/5/1972; Mr N A Reinbach, 13/10/1972; Mrs G Pollhamer (née Görlt), 23/5/1972; Mr W Thom, 25/7/1972.
59. South African Medical Record, 14/12/1918, p.365; IEC, vol. 1, file 1: Evidence of Major J Pratt Johnson, p.10; Interviews with Anonymous resident of Brookshaw Old Age Home, Grahamstown; Mrs A Ketkar; Dr B Mackenzie; Collier Collection: Letter from Mrs G Pollhammer (née Görlt), 23/5/1972.
60. The Friend, 19/12/1918, p.5; Matatiele Mail, 7/11/1918; 28/11/1918; De Burger, 1/11/1918, p.2; Daily Dispatch, 31/10/1918, p.5; 26/11/1918, p.4; Cape Argus, 31/10/1918, Editorial; Rand Daily Mail, 31/10/1918; The Star, 1/11/1918; De Volkstem, 5/11/1918, p.8; The Cape, 29/11/1918, p.11; Farmers' Weekly, 13/11/1918, p.1175; 20/11/1918, p.1283; Interviews with Dr J Midgley, Mrs P Weisbecker, Professor H Zwarenstein; Letter to author from Bishop Le Roy, 25/2/1982; Collier Collection: Letters from Mrs P van der Poll (née Beuning), 22/8/1972.

(and to a lesser extent pigs⁶¹ and birds⁶²) were succumbing to it all over the country.⁶³ Indeed, so deadly was it supposed to be that dark rain was said to have accompanied it,⁶⁴ while meat exposed to the germ-laden upper atmosphere was reported to have turned black.⁶⁵ Whatever originally inspired such stories, it is clear that they helped to feed the fearful feeling that the country was in the grip of some terrible disease which, in the words of one contemporary, 'seemed to impregnate the air'.⁶⁶ As a historian of a 19th Century epidemic in Britain has noted, 'Fear and rumour were mutually reinforcing, fear engendering rumours which in turn extended fears.'⁶⁷

With regard to treatment,⁶⁸ most doctors followed their own inclinations in the absence of any sure remedy or comprehensive knowledge about the disease. 'We had a rough idea that care was necessary, that fresh air was an essential,' admitted one general practitioner, 'but as to medical treatment our minds were fogged.'⁶⁹ Some prescribed medicines according to the specific symptoms they

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61. Ons Vaderland, 5/11/1918, p.2; De Burger, 10/12/1918, p.2.
 62. Ons Vaderland, 8/11/1918, p.5; The Cape, 31/1/1919, p.28; Postcard to author from Miss A M Quinn, 12/10/1978.
 63. On influenza in animals and the swine 'flu of 1918 in particular, see E D Kilbourne (ed): The Influenza Viruses and Influenza, ch. 14 and pp.485, 512, 514; W I B Beveridge: Influenza, ch. 5 and p.85; C Stuart-Harris and Schild: Influenza, ch. 4.
 64. Diamond Fields Advertiser, 17/10/1918, p.3; Die Ebenezer, 1/2/1919, p.16; Interview with Mr W S O'Brien.
 65. Interview with Miss B Nathan; Letter to author from Mr M Kaye, 27/11/1978; Collier Collection: Letters from Mrs I Beater, 29/6/1972; Mr M Kachelhoffer, 4/5/1972; Mrs R A Pullen, 1/9/1972. For a distinctive, Cape Town version of this story, see interview with Dr B Mackenzie.
 66. Programme of 38th Meeting of Cape Town Citizens, 3rd November 1918 (Cape Town, 1918), p.4.
 67. M Durey: The Return of the Plague: British Society and the Cholera 1831-2 (Dublin, 1979), p.168.
 68. As in the case of information on symptoms above (pp.241-242) the main source for this paragraph is the South African Medical Record between November 1918 and April 1919.
 69. South African Medical Record, 14/12/1918, p.364.

found - treatment 'on ordinary commonsense lines', one veteran doctor called it;⁷⁰ others went by what experience in the 1889-1891 pandemic had shown to be effective. Occasionally there were open differences about the utility of particular drugs - the disagreement over the use of aspirin and quinine was a case in point.⁷¹ Masks⁷² and vaccines⁷³ were used according to individual doctor's preferences; antibiotics were as yet unknown.

Many newspapers and magazines carried medical advice of a general nature: plenty of fresh air, a liquid diet and a long stay in bed.⁷⁴ Time and time again doctors warned against getting up too early, lest this should bring on a relapse, with pneumonia supervening.

Ultimately, however, the only criterion of success was recovery. Sometimes nothing seemed to help and doctors resorted to extreme measures in desperation.⁷⁵ Occasionally these worked; more often they did not. 'One got the impression that some of the cases were too profoundly poisoned by the germs for any treatment whatever to have any effect', remarked one practitioner dispiritedly.⁷⁶ Dramatically and on an unprecedented scale, the Spanish 'flu epidemic brought the medical profession face to face with the

70. South African Medical Record, 8/2/1919, p.40.

71. See ch. 6, pp.212-213.

72. South African Medical Record, 25/1/1919, p.19; 11/1/1919, p.9; 8/5/1920, p.166; Medical Journal of South Africa, January 1919, pp.348-353; IEC, vol. 2, file 6: Evidence of Dr Zweiback, pp.3, 4; Diamond Fields Advertiser, 17/10/1918, p.3; Interviews with Miss S Honikman and Mr C Kohler; Letter to author from Anonymous author, Pietermaritzburg, 16/10/1978; Collier Collection: Letter from Mrs E A Hellon (née Clark), 22/5/1972.

73. See ch. 6, pp.220-222.

74. Cf. ch. 6, p.212.

75. South African Medical Record, 28/12/1918, p.388; 11/1/1919, p.4; 25/1/1919, p.25; 8/2/1919, p.39; 12/4/1919, p.98.

76. South African Medical Record, 14/12/1918, p.365.

limitations of its own skills and knowledge. Six years after 'Black October', Kimberley's MOH during the epidemic told an audience that there was

'no need for me to emphasise the utter ignorance which we have of influenza. The last epidemic in 1918 brought home to us in no uncertain way that public health prophylaxis in this direction was not a watertight compartment. We paid heavily both in lives and money.'⁷⁷

Many years later, the son of a Cape Town doctor poignantly recalled his father's reaction when a newly-married couple he had been treating died of Spanish 'flu within days of each other. 'It was then I first saw my father cry', he wrote. 'He was sobbing in sorrow and in frustration at his impotence.'⁷⁸

University-trained doctors were not the only source of medical advice, of course. Under normal circumstances, only a minority of the population had recourse to them. Though in 1918 their advice was spread more widely than this through the press, circulars, word of mouth and extensive home-visiting, a large number of people remained wholly reliant on traditional folk medicine. 'Mense moet maar self klaarkom', pointed out a woman who lived on a remote farm in the Little Karoo at the time.⁷⁹

Contemporary accounts and reminiscences collected from 'flu survivors many decades later are particularly rich in information about the use of traditional remedies (such as the herbs, 'per-depis' and 'wilde als' or 'mhlonyane'), preventatives (for example, garlic and 'salies tee'), patent medicines (like 'duiwelsdrek' and 'gal-en-slijmpillen') and time-honoured treatments (such as

77. Diamond Fields Advertiser, 10/10/1924. For a similar opinion, see Cape Times, 28/3/1919, p.10 (Letter from 'Medical Student, Oudtshoorn').

78. Letter to author from Dr R L Forsyth, 2/11/1978.

79. Interview with Mrs C E Bronkhorst.

putting a recently-killed animal on the patient's chest).⁸⁰ It

80. See ch. 5, p.170.

Cape Argus, 11/10/1918, p.4; Cape Standard, 1/10/1940, p.7; Evening Post, 28/8/1965, Weekend Magazine p.1; Diamond Fields Advertiser, 26/10/1918, p.7; 5/11/1918, p.6; De Burger, 15/10/1918, p.3; Rand Daily Mail, 2/12/1918; Dagbreek, 2/6/1957; Beeld, 6/10/1968; The Nongqai, December 1918, p.580; Cowley Evangelist, February 1919, p.39; South African Medical Record, 27/9/1919, p.283; Die Brandwag, 25/10/1918, pp.152-153; Oupa en Ouma se Boererate (Cape Town, 1962), pp.88-89; Suid-Afrikaanse Akademie vir Wetenskap en Kuns: Volksgeneeskuns in Suid-Afrika, vol. 1 (n.p., n.d.), pp.214-215, 431; J M Watt and M G Breyer-Brandwijk: The Medicinal and Poisonous Plants of Southern and Eastern Africa (Edinburgh and London, 1962), p.919; J M Watt and M G Brandwijk: 'Suto (Basuto) Medicines' in Bantu Studies, July 1927, pp.97-98; I Hexham: 'Modernity or Reaction in South Africa: The Case of Afrikaner Religion' (Unpublished Conference paper, University of British Columbia, December 1981, p.10); IEC, vol. 2, file 6: Letter from Major H P Tuckey, pp.2-3; SADF Archives: DC 1021, file 509/2 sub-file DF 12/2/509, Examiner Medical and Vty Subsection to Mr Inglis, 7/1/1919; Witwatersrand University Library, Historical and Literary Papers Division: A 722 (A L Walker Autobiography), pp.208-210; Interviews with Dr H Ackermann, Mrs M Bohako, Mrs C E Bronkhorst, Mrs F Clouts, Mr J Coleman, Mr Crawford, Mrs Cross, Mr H Z de Villiers, Dr J P Duminy, Mr Eden, Mrs H L Gibson, Mr J Granger, Mrs Hall, Mrs J Kader, Dr H F Kamp, Mrs A Ketkar, Mrs Koekemoer, Miss M Lister, Mr M J Motloun, Miss B Nathan, Mr P Ndaba, Mr I Ospovat, Mrs W Petersen, Mrs Rockman, Mr Solomons, Mr S Stone, Mrs J Stern, Mr A Venter; Letters to author from Anonymous author, Pietermaritzburg, 16/10/1978; Mrs C F Davids, 11/11/1978; Mrs C M Ewan, 1/11/1978; Captain B Grindley, 31/10/1978; Mrs M E Hardcastle, 20/10/1978; Mr M Kaye, 27/11/1978; Mrs E Meredith, 16/10/1978; Mrs I G Reed, 26/10/1978; Mrs T Shearing, 22/9/1980; Mr H Stuurman, 12/11/1980; Mrs B E Todd, October 1978; Miss A van Heyningen, 18/10/1978; Miss E Westphal, 10/10/1981; Mr J Whittingdale, 12/10/1978; Collier Collection: Letters from Mr F Appolis, May 1972; Mr A E Baumgardt, 28/5/1972; Mrs E Havenga (née Beard), 8/10/1972; Mrs V Bellingan, 12/5/1972; Miss M Browne, 4/6/1972; Miss E P Fouche, June 1972; Mrs J Gouws, 20/5/1972; Miss E M Hart, 16/5/1972; Mr G P Heymans, 9/5/1972; Mrs M C Howes, 12/5/1972; Mr M Kachelhoffer, 4/5/1972; Mrs M Kuttel (née Melck), 11/5/1972; Mrs M Winton (née Nienaber), 22/5/1972; Mrs E J Read, 5/5/1972; Mr N A Reinbach, 13/10/1972; Mr P F Retief, 7/7/1972; Mr D Rogers, 12/5/1972; Mrs C J Ferreira (née Roux), 3/7/1972; Mr J D Smuts, 14/5/1972; Mr W Thom, 25/7/1972; Mr A van Wijk, 15/5/1972; Mrs V Manning (née Versini), 22/5/1972; Mrs B Rennie (née von Linsingen), 12/10/1972; Mrs S M Williams, October 1972; Mrs H Dey (née Wilmot), 22/5/1972.

is clear that in many cases these were the only medicaments employed. Some people eschewed even these, refusing all treatment on religious grounds,⁸¹ while others turned to naturopaths out of conviction or sheer desperation.⁸²

As with professionally prescribed medicines and treatment, the efficacy of these varied as, no doubt, did faith in them. It is likely that some who judged them worthless when death followed despite their use, began to consider alternative forms of medicine and treatment; others, who were convinced that they owed their escape or recovery to them, became firm believers in their power and continued to use them for many years. A woman who attributed her immunity to Spanish 'flu in 1918 to a block of camphor in a bag around her neck subsequently donned this bag whenever 'flu threatened. In 1969, when the matron of the old age home in which she resided offered her an injection against the prevailing epidemic of Hong Kong 'flu, she replied, 'Not for me. I am wearing my camphor bag.'⁸³

Chemists - both registered and unregistered - had a field day during 'Black October'. In the panicky atmosphere of the time, anything that promised protection or cure was tried. Newspapers were filled with advertisements for special 'flu remedies such as 'Bishop's no. 10 Influenza Mixture' made by Bishop's Chemist, Kimberley⁸⁴ or 'Hannah's Beroemde Geneesmiddelen tegen Longpest

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81. Cape Argus, 13/1/1919, p.5; Interview with Miss F Lister; UCT Library, Manuscripts Dept: BC 294 (Duncan Papers), Letter D1.8.9 from Hennessy to Duncan, 17/10/1918; Letters E17.10.49, E17.10.50 and E17.10.51 from Alice Duncan to her mother, 10/10/1918, 17/10/1918 and 24/10/1918 respectively. See too chapter 5, p.163.
 82. Union of South Africa: Report of Select Committee on Clause 34 of Medical, Dental and Pharmacy Bill, SC 5-'24, pp.16-18, 58-59; Interview with Dr H F Kamp; Copy (in author's possession) of letter from Dr H F Kamp to Dr D Trunkey, 12/2/1979.
 83. Collier Collection: Letter from Mrs M C Howes, 12/5/1972. For similar examples of faith in particular medicines arising from favourable results in 1918, see interviews with Mrs Cross, Mrs G Gafiel-Cader and Mrs W Petersen; Letters to author from Mrs C M Ewan, 1/11/1978 and Mr J Whittingdale, 12/10/1978.
 84. Diamond Fields Advertiser, 1/10/1918, p.2.

(zogenaamde Spaanse Griep)' available at three guineas from 'Hannah, Amersfoort'.⁸⁵ In addition, a number of products not usually associated with combating 'flu or its after-effects were peddled as such: for instance, 'Commando Brandy' was advertised as being especially 'For Victims of Huns or Flu',⁸⁶ while an advertisement in The Friend advised:

'All doctors, nurses and those who come in contact with influenza patients should apply to the inside of the nostrils night and morning SIBBALENE SKIN OINTMENT because it is highly antiseptic and will prevent infection.'⁸⁷

It is clear that many did not scruple to exploit a frightened and desperate public. 'Commercial opportunists advertise and sell to the public any quack remedy they like to make money out of', complained an indignant reader to The Star. 'One only need to look at the advertisements to note the hundreds of contradictory remedies praised up as sure cures or preventatives.'⁸⁸

One effective preventive measure which did not involve medicine was that age-old defence against epidemics, isolation. Assuming (correctly) that Spanish 'flu was transmitted by close contact, a number of families simply shut themselves off from the outside world, particularly in country areas where, in any event, contact was limited. Reports told of farmers locking the gates of their farms and shunning all visitors.⁸⁹ A voluntary

85. De Volkstem, 24/12/1918, p.2.

86. Diamond Fields Advertiser, 28/10/1918, p.2.

87. The Friend, 9/11/1918, p.4. For a similar phenomenon in Canada, see M C Andrews: 'Epidemic and Public Health: Influenza in Vancouver, 1918-1919' in BC Studies, vol. 34 (Summer, 1977), p.39.

88. The Star, 22/10/1918.

89. Daily Dispatch, 30/10/1918, p.5; De Vriend des Volks, 28/11/1918 (Lindley report); Ons Vaderland, 12/11/1918, p.3 (Letter from T Wurth); 19/11/1918, p.4 (Letter from J A); The Nongqai, January 1919, pp.35, 37; South African Medical Record, 22/3/1919, p.95; IEC, vol. 1, file 5: Evidence of A Stewart, p.2; Evidence of Dr P Targett-Adams, p.9; Interviews with Mrs Geach, Mr P J du Plessis, Mr C G Mullins; Collier Collection: Letters from Mr G Fish, 12/5/1972 and Mr J D Smuts, 14/5/1972.

helper recorded the following experiences during a relief-trip in the OFS platteland:

'Chris. Richter. This gentleman interviewed the deputation from a distance of 25 yards as a precaution against infection. He is all right.

"Swartkopjes." The owner of this farm stood behind the fence and would not approach. All natives are ill here.'⁹⁰

'Nu is voorzichtigheid ten alle tijde goed,' commented Calvinia's Het Noord Westen critically, 'maar iets dergelijks is geen voorzichtigheid, doch vrees, en dit is steeds af te keuren ... [O]nze eerste plicht als Christenen vereist van ons dat wij aan ons medemens hulp en bijstand zullen verlenen waar die nodig is, ...'⁹¹

Self-preservation is a powerful instinct, however, and isolation did not stop with individual families. Several remote towns and villages determined on strict measures to prevent the introduction of the 'flu into their midst. Uniondale placed guards on all roads into the town and imposed a three-day quarantine on anyone wishing to enter;⁹² at Saulspoort, near Rustenburg, a headman barred all outsiders from his stat,⁹³ while Fraserburg took even more stringent steps, forbidding all movement, whether in or out.⁹⁴ Reports from these towns indicated that these tough measures met with relative success.⁹⁵ In Sutherland, however, a convoluted

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90. OFS Archives: MBL 4/3/1/40, file 101/1/17, Report by Mr J Gratton Dickson, 22/10/1918.
 91. Het Noord Westen, 5/11/1918, Editorial. For similar criticism of this practice, see The Courier, 13/11/1918, p.2 and De Kerkbode, 24/10/1918, pp.1006, 1013.
 92. IEC, vol. 2, file 8 part 2: Evidence of Dr P du Toit, p.1.
 93. Daily Dispatch, 19/11/1918, p.4.
 94. Matatiele Mail, 24/10/1918.
 95. IEC, vol. 2, file 8 part 2: Evidence of Dr P du Toit, p.1; Daily Dispatch, 19/11/1918, p.4; Matatiele Mail, 24/10/1918. Among the other towns and villages which enforced isolation with some success were: Niekerkshoop (De Burger, 1/11/1918, p.3; 19/11/1918, p.5; 27/11/1918, p.3; 10/12/1918, p.3; Ned Geref Gemeente Niekerkshoop - 50 Jaar (n.p., n.d.), 'Uit my Herinneringe' by ds J A van Z le Roux); Twee Rivieren (Het Noord Westen, 5/11/1918, p.4; 3/12/1918, p.7); Knysna (Notice dated 19/11/1918 on display at Millwood House

attempt at isolation backfired: the Municipality had urged local 'Coloureds' to leave the town and take to the hills; many did, but soon returned, with 'flu'.⁹⁶

In sum, it is not possible to say that folk medicine and practices proved significantly more or less efficacious than scientific medicine when confronted by the Spanish 'flu. However, the limited success of the latter did mean that in this trial, the status of folk medicine was not unduly undermined by its rival. The advance of scientific medicine in South Africa at the expense of folk medicine was probably a more gradual process, spanning generations. Single episodes rarely converted large numbers to new ideas overnight. As Paul Starr found in his study of the development of professional medicine in the United States, it was more 'On the shoulders of broad historical forces, [that] private judgment retreated along a wide frontier of human choice.'⁹⁷

Museum, Knysna); and the Humansdorp Magisterial District (IEC, vol. 1, file 4, Evidence of G Cross, pp.1-2).

96. De Kerkbode, 26/12/1918, p.1243.

97. P Starr: The Social Transformation of American Medicine (New York, 1982), p.140.

CHAPTER 8

WHY DID IT HAPPEN? POPULAR AND RELIGIOUS EXPLANATIONS

So devastating and far-reaching was the impact of the Spanish 'flu epidemic in South Africa that few adults could have failed to consider, at least in passing, why it had occurred or why it had been so serious. As R J Morris points out in his study of responses to the 1831-1832 cholera epidemic in Britain, 'There is a basic human need to impose a pattern on events so that these may be explained, judged and perhaps controlled'.¹ Rarely is this more so than when the events concern, literally, matters of life and death. ✓

For the historian these explanations, however crude or ill-founded, can provide valuable and sometimes unique insights into the contemporary mind - a person's explanation of disaster can reveal as much about him or her as about the disaster. '[U]nder the first impact of disaster,' notes an authority on millenarianism, 'the victims almost instinctively seek to explain their predicament in terms of pre-existing beliefs.'² In this response lies an unusual opportunity to plumb the bases of attitudes and beliefs which, under normal conditions, remain unarticulated or hidden. In this sense, the 'flu epidemic, like the Black Death, was 'a stimulus, ... which exposed the nerve system of ... society'.³ Moreover, because its effect was felt in some way at every level of South African society, an unusually wide range of opinion as to its cause must have been expressed and should, sources permitting, be available to the historian. ✓

As is its wont in times of disaster, organised religion gave

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1. R J Morris: Cholera 1832 (London, 1976), p.129.
 2. M Barkun: Disaster and the Millenium (New Haven and London, 1974), p.79.
 3. M W Dols: 'The Comparative Communal Responses to the Black Death in Muslim and Christian Societies' in Viator, vol.5 (1974), p.275.

the lead to much popular thinking on the causes of the epidemic. As Weber argued: man is at his most religious in situations in which the powerlessness, contingency and material insecurity of human existence are most acutely apparent.⁴ Religious opinion on why the epidemic occurred was not uniform, however. Even within a single denomination, official views varied. This was most often the case among English-speaking denominations, least so among the three Afrikaans churches. Lay opinion couched in theological terms generally followed the same pattern.

In trying to assess popular opinion, the qualification expressed above about 'sources permitting' is especially pertinent. This chapter is based on those opinions which were recorded at the time, together with a large but random collection of views gathered by interview and letter over sixty years later. As is the case elsewhere in this thesis, these sources reflect White male opinion disproportionately.

It is possible to group these lay and religious explanations into four broad categories:

- i) those which attributed the epidemic to God's direct action, either as punishment or to further some divine purpose;
- ii) those which attributed it to man's neglect of social conditions (in some cases God was felt to have an indirect role in this);
- iii) those which attributed it to deliberate action by malevolent individuals or groups; and
- iv) those which saw it as the unintended result of the fighting on the Western Front.

The following sections outline these explanations at greater length and try to throw light on their origin and implications, as well as what they reveal about the world-views of South Africans in 1918.

4. A D Gilbert: Religion and Society in Industrial England (London and New York, 1976), p.186.

GOD'S DIRECT ACTION

Among Christian denominations, the three Afrikaans churches in South Africa, the Dutch Reformed Church (the DRC), the Gereformeerde Kerk and the Nederduits Hervormde Kerk, were least in doubt as to the epidemic's origin. 'De pestilentie was van God afkomstig', asserted the DRC's De Kerkbode. Germs were merely the immediate cause; the First Cause was God.⁵ Did the plague of lice visited on Pharaoh's Egypt not demonstrate how God could transform 'de nietigste dingen in de natuur' into a potent instrument of divine will? Was this not exactly what He had done to the influenza germ, it enquired.⁶ Equally, the means whereby the germs had reached the country was of secondary importance. Senator A D W Wolmarans, a founding father of the Hervormde Kerk, asked in his 'Open Brief' to fellow Christians:

'Is 't ons niet helder en klaar dat deze plaag niet is een blote toeval, tot ons overgebracht door Kleurlingen en troepen uit Vlaanderen of Oost-Afrika, maar in rade Gods om Zijn volk en al de volkeren der aarde tot schuldbelijdenis te brengen?'

To seek the cause in human action, remarked the Gereformeerde Kerk's Het Kerkblad, was as misguided as the dog which bites the stone thrown at it, 'zonder te merken op hem die de werper is'.⁸ There were no two ways about it, ds J D Kestell, the Moderator of the Free State DRC, told his congregation - it was a 'Godsbezoeking'.⁹

Other Christian denominations were not as sure. A few, highly-

5. De Kerkbode, 17/10/1918, p.992.

6. De Kerkbode, 7/11/1918, p.1057.

7. De Burger, 21/10/1918, p.2.

8. Het Kerkblad, 1/11/1918, p.1.

9. Institute for Contemporary History, University of the OFS: PV 153 (Kestell Collection), file 3/1/4/30 (Preke 1918), Document 14/354 - 'Schets' for sermon, 24/11/1918.

placed Anglican clerics did speak in a similar vein,¹⁰ but as the next section of this chapter shows, the weight of official Anglican opinion in South Africa inclined away from seeing God's deliberate hand in the epidemic. Only the Congregationalist, the organ of the Congregational Union, was unequivocal in its conclusion that the 'flu was 'of God',¹¹ and even then it reversed this view four months later.¹²

Of the other universalist religions, such scanty evidence as does exist suggests that Hindus saw the epidemic as an indication of divine wrath,¹³ while Muslims seem to have accepted it unquestioningly as the 'Takdir [Will] of Allah'.¹⁴ The leading Jewish minister in Cape Town, Rev A P Bender, was as unwilling to probe, feeling that it was useless to speculate about causes and origins. 'Let us frankly confess that such knowledge is too wonderful for us', he told a memorial service for 'flu victims; 'it is too high for us to attain unto it.'¹⁵

Among laymen, however, there was no shortage of those who were convinced that God had sent the epidemic. In the light of the

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10. The News-letter, November 1918, Statement by Dean of Grahams-town; Kimberley and Kuruman Diocesan Magazine, no. 29, p.5; Springs Parish Messenger, November 1918, Article titled 'The Wider Aspect'.
 11. The Congregationalist, November-December 1918, p.3.
 12. The Congregationalist, March 1919, p.1.
 13. IEC, vol. 1, file 3: Evidence by Mr Nayanah, p.31; Diamond Fields Advertiser, 3/12/1918, p.7.
 14. Interview with Mr A Bava, 21/7/1981. In his paper on the reactions of Cape Muslims to the smallpox epidemics of the 19th Century, Achmat Davids stresses that to them disease was quite simply an affliction imposed by God. He does not suggest that they speculated on why He had sent it. (A Davids: 'The Revolt of the Malays' in C Saunders et al (eds): Studies in the History of Cape Town, vol. 5 (Cape Town, 1984), pp.50n, 61, 65-66.)
 15. In Memoriam. Memorial Service for Members of the Jewish Community who died during the Epidemic. Held in the Great Synagogue, Cape Town, 24/11/1918 (Cape Town, 1918), p.6. Nevertheless, some members of Bender's congregation fasted during the epidemic, in the hope that this would save them from what they believed had been sent as a punishment for sin (Interview with Mrs J Stern).

view of the Afrikaans churches, it is not surprising that this opinion was particularly common in the columns of Dutch/Afrikaans newspapers and periodicals. A country correspondent of De Vriend des Volks voiced what was in the minds of many when he solemnly warned:

'Zoeken wij tog geen tweederlei oorzaak
als de Hand des Almagtige ons slaat en
alzo doende zijn woord in vervulling
brengt.'¹⁶

It is noticeable too, that when the epidemic was debated in the House of Assembly, it was only Afrikaner MLAs (both Government and Opposition) who expressed such a view.¹⁷

To the historian, the most valuable aspect of these explanations is that not only did they identify God as the source of the epidemic, but they also tried to explain why He had sent it. In nearly every case it was interpreted as punishment for sin - a bout of soul-searching seems a common concomitant of disaster and an ideal opportunity for those in positions of authority to denounce a range of practices of which they disapprove strongly.¹⁸ A catalogue of these sins provides an indication of those actions which some South Africans held to be so evil as to warrant God's direst punishment. These highlight part of what underlay much contemporary disquiet, social anxiety and even guilt, especially among Afrikaners. They also help to identify what particular groups perceived as the greatest threats to them and they assist in the definition of prevailing conceptions of God by setting out what He was believed to find deserving of punishment.

Apart from those explanations which referred to sin in general terms only, the sins adduced can be grouped under four headings:

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16. De Vriend des Volks, 18/11/1918, Article titled 'Siekte en Dood - Reitz'.
 17. Debates of the House of Assembly of the Union of South Africa as reported in the Cape Times, vol. 4, p.35, col. 2; p.45, vol. 1; p.51, cols. 1, 3.
 18. P Slack: 'Disease and the social historian' in Times Literary Supplement, 8/3/1974, p.234.

social and moral; specifically religious; political; and those pertaining to World War I.

The social and moral sins specified differ little from those identified many times before (and since) in Christian circles. They included immorality,¹⁹ dishonesty,²⁰ selfishness,²¹ shameless behaviour,²² drunkenness,²³ avarice,²⁴ worldliness and materialism.²⁵ In particular, De Burger pointed out how the presence of thousands of visiting troops had seriously increased immorality in the country's ports.²⁶ The general moral condition was low, especially - as one dominee noted in De Kerkbode²⁷ - among the young. Since it was this very group that had been hardest hit by the 'flu, his implication was clear.

For the most part, the sins mentioned with regard to religious life were also ones which had long been condemned by the Christian

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19. De Kerkbode, 31/10/1918, p.1032; 7/11/1918, p.1057; 23/1/1919, p.88; De Burger, 7/11/1918, p.3; Handelingen van de 12de Synode der NH of GK van Zuid Afrika, 1919, p.255.
 20. De Kerkbode, 24/10/1918, p.1012; 23/1/1919, p.88.
 21. De Kerkbode, 7/11/1918, p.1057; The News-letter, November 1918, Statement by Dean of Grahamstown; Springs Parish Messenger, November 1918, Article titled 'The Wider Aspect'.
 22. Handelingen van de 12de Synode ... 1919, p.255.
 23. De Kerkbode, 31/10/1918, p.1032; 7/11/1918, p.1057; 23/1/1919, p.88.
 24. De Kerkbode, 31/10/1918, p.1032; 7/11/1918, p.1057; The Star, 24/10/1918, p.11 (Letter from unidentified correspondent).
 25. De Kerkbode, 31/10/1918, p.1032; 7/11/1918, p.1057; 26/12/1918, p.1242; 23/1/1919, p.88; De Christelike Strevver, December 1918, p.12; De Burger, 22/10/1918, Editorial; Die Volksblad, 3/12/1918, Lindley Report.
 26. De Burger, 22/10/1918, Editorial; 31/10/1918, Editorial.
 27. De Kerkbode, 23/1/1919, p.88.

Church: straying from God,²⁸ unrighteousness,²⁹ indifference, neglect and laxity,³⁰ unbelief and superstition,³¹ hubris,³² perfunctoriness in worship,³³ blasphemy,³⁴ not attending Church³⁵ and desecrating the Sabbath.³⁶ 'Worshipping science' was something new, however. To De Kerkbode the various 'scientific' explanations which had been advanced to account for the epidemic were classic examples of the vanity and conceit which arose when human beings thought they knew better than God and placed Science above Him. 'Nu spreekt men van kiemen en vuile straten en achterbuurten,' it lamented, 'en het is uit de mode en onwetenschappelijk om van zonden te spreken.' God, it went on,

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28. De Kerkbode, 24/10/1918, p.1006; De Wekker, November 1918, p.1; Die Ebenezer, 1/11/1918, p.15; De Koningsbode, November-December 1918, p.130; De Burger, 19/11/1918, p.6 (Letter from 'Een Petrusviller'); 25/11/1918, p.4 (Letter from KB); Die Volksblad, 26/11/1918, Letter from H B de Witt; 3/12/1918, Lindley report.
 29. De Volkstem, 8/11/1918, p.6 (Letter from D J v d Merwe); Springs Parish Messenger, November 1918, Article titled 'The Wider Aspect'.
 30. De Kerkbode, 24/10/1918, p.1012; 31/10/1918, p.1031-2; 7/11/1918, p.1057; 12/12/1918, p.1191; 26/12/1918, p.1242; De Christelike Strever, November 1918, pp.2, 8; December 1918, p.12; Gereformeerd Maandblad, November 1918, p.148; De Burger, 22/10/1918, Editorial; 24/10/1918, p.4 (Letter from J H Hanekom); 31/10/1918, Editorial; 25/11/1918, p.4 (Letter from KB); Die Volksblad, 3/12/1918, p.2; The Star, 24/10/1918, p.11 (Letter from unidentified correspondent); Springs Parish Messenger, November 1918, Article titled 'The Wider Aspect'.
 31. De Kerkbode, 7/11/1918, p.1057.
 32. De Kerkbode, 7/11/1918, p.1057; De Christelike Strever, November 1918, p.2; December 1918, p.7; De Goede Hoop, 15/1/1919, p.269; Die Volksblad, 3/12/1918, p.2; De Koningsbode, November-December 1918, p.108; Die Huisgenoot, February 1919, p.644.
 33. De Kerkbode, 21/11/1918, pp.1110-1111; De Burger, 22/10/1918, Editorial; Ons Vaderland, 19/11/1918, p.5 (Letter from H F Meyer).
 34. De Vriend des Volks, 21/11/1918, Article entitled 'De Schrik Des Heeren'.
 35. De Kerkbode, 7/11/1918, p.1057; De Christelike Strever, December 1918, p.12 (Letter from 'Jong Afrikaner'); Die Volksblad, 3/12/1918, p.2.
 36. De Kerkbode, 31/10/1918, p.1032; 7/11/1918, p.1057; De Christelike Strever, December 1918, p.12; Ons Vaderland, 1/11/1918, p.4 (Letter from AF); Onze Courant, 7/11/1918, p.2 (Letter from 'Een Mede Zondaar').

demanded

'dat wij geen andere goden vóór Zijn aangezicht hebben zullen, en o, wat voor goden hebben de menschenkinderen, die zij dienen en waarvoor zij leven! In de laatste tijden, zegt ons de Apostel, zal de antichrist er zijn en hij zal in Gods tempel zitten en als God zich laten aanbidden. De laatste tijden zijn op ons, en de mensch met zijn vernuft en wetenschap en materialisme verheft zich als 't doel van zijn bestaan. Hijzelf is zijn God. Wij leven voor onszelfen, en gehoorzamen alleen ons gevoel en onze gedachten en onzen wil.'³⁷

Given the 'traditional' character of all the above sins save the last, it is not surprising that they were regarded as punishable by God; less predictable was the conclusion that the division in Afrikaner ranks since the South African Party split and the Rebellion was a reason for divine wrath. This suggests a deeply-felt unease about this state of affairs which worried many Afrikaners who felt such a situation should not exist.

'Voorwaar ons land gaan swaar geteister onder die vele plae,' sighed De Burger's Senekal correspondent, 'maar ook geen wonder, want hoe heers die bitterheid en verdeeldheid nie onder ons volk, en wie sal ontken dat ons die kastijding verdien?'³⁸ De Kerkbode was shocked at how:

'Men verwenscht en belastert en vervloekt elkaar! Men oordeelt en veroordeelt en graaft voor elkender kuilen! Men schrijft, men spreekt en men heeft de drukpers om de haat te vermeerderen. Zou dat alles niet tot God roepen?'³⁹

Illustrating this 'broedertwis' all too clearly, two letters to the Nationalist Ons Vaderland suggested that, just as Israel had been punished when it had had a wicked ruler, so South Africa had to pay for its present shameful leaders. However, added the writers, a remedy lay close to hand - the next general

37. De Kerkbode, 17/10/1918, pp.992-3.

38. De Burger, 10/12/1918, p.3.

39. De Kerkbode, 17/10/1918, p.993.

election.⁴⁰

Nor was this bitter animosity confined to politics alone - it had been allowed to penetrate the church and daily life too.⁴¹ It was as chastisement for all this dissension, warned some, that the epidemic had been sent.⁴² General Botha, the Prime Minister, went even further: in his view it was not merely the rancour among Afrikaners which was being punished, but also the discord between English and Afrikaans South Africans. He told reporters that he believed that:

'this visitation will prove to be one of the means sent by God in order to sober us by punishment; to clear out misunderstanding, so that everything may lead along the road of greater affection, tolerance, co-operation, and a truly united national existence in matters spiritual as well as political.'⁴³

The fourth type of sin which was believed to have aroused God's anger related to World War I. Here the particular nature of the sin varied according to the eye of the beholder. Some DRC ministers saw the epidemic as a rebuke to those who arrogantly thought that, with all his new weapons, man had perfected the ability to kill. 'Is 't niet als of de Alwetende spot met al de moordtuigen door een verzondigde wetenschap uitgedacht!' asked the chairman of the joint Raad der Nederduitse Gereformeerde Kerken in Zuid Afrika. 'De mensch heeft zijne duizenden

40. Ons Vaderland, 3/12/1918, p.6 (Letter from A Vecht who was NP Secretary in Lydenburg); 19/11/1918, p.3 (Letter from O T van Niekerk).

41. De Burger, 19/11/1918, p.6 (Letter from 'Een Petrusviller'); 25/11/1918, p.4 (Letter from K B); De Vriend des Volks, 16/12/1918, Fouriesburg report.

42. De Burger, 24/10/1918, p.4 (Letter from J H Hanekom); 7/11/1918, p.3; De Volkstem, 29/11/1918, p.5 (Letter from W Hattingh); De Goede Hoop, 15/11/1918, pp.163-4; De Kerkbode, 17/10/1918, p.994; 31/10/1918, pp.1032-1034; 7/11/1918, p.1057; De Christelike Strever, December 1918, p.7; Die Huisgenoot, February 1919, p.644.

43. Cape Times, 25/11/1918, p.7.

verslagen, maar God Zijne tien duizenden!'⁴⁴

On the other hand, a National Party MLA, Rev E J J van der Horst, saw the epidemic as God's lesson that 'we should not interfere in wars which did not concern us'.⁴⁵ The pro-National Party Onze Courant was even more specific: in its blind 'oorlogsugtheid', it wrote, the Government had turned its back on basic Christian precepts and the country's real interests and ridden roughshod over 'die beginsel van nasionaliteite, 'n instelling van die Opperwese'. As a result, 'Vandaag [sic] woed die pestilensie, die uitvloeisel van die oorlog en hierheen gebring deur die oorlogmakers, onder ons volk. Dit is Gods oordeel.'⁴⁶ At the other end of the spectrum, one super-patriotic Anglican clergyman believed that the 'flu epidemic was a prompting by God to be more energetic in the cause of righteousness and make bigger sacrifices 'to rescue the world from the brutality of the Hun'.⁴⁷

From a rather different perspective, some 'Coloureds' felt that perhaps the epidemic was a divine means of ending the devastating war. 'Maybe He sent it to make England and Germany stop fighting and killing,' reflected an elderly survivor years later, adding corroboratively, 'and they did soon afterwards!'⁴⁸

To not a few people the coincidence of the devastating epidemic and this terrible war was more than chance - it was a sign of deeper things afoot. De Kerkbode was not alone when it made this

44. Handelingen van de Zeste Vergadering van den Raad der Ned. Geref. Kerken in Zuid Afrika, 1919, p.37. For a similar opinion, see Collier Collection: Letter from J Sperber, 11/5/1972.

45. Debates of the House of Assembly ... as reported in the Cape Times, vol. 4, p.51, col. 3.

46. Onze Courant, 4/11/1918, Editorial.

47. Springs Parish Messenger, November 1918, Article entitled 'The Wider Aspect'.

48. Interview with Mrs G Gafiel-Cader. See too Collier Collection: Letter from Mr F Appolis, May 1972.

very point:

'Indien 't aardbevingen alleen waren, of indien 't hongersnood alleen was, of oorlog alleen, of een pestziekte alleen - we zouden misschien nog recht gehad hebben te twijfelen. Doch al deze dingen tegelijk hun verschijsning makende! En in zulk een schriklijken graad! En de gaansche wereld erin betrokken! Wie durft nu nog twijfelen? Er is iets aan 't komen. Ja, Jezus is aan 't komen ... Verklaar de bijzonderheden van Christus wederkomst zoaals gij wilt, dit kunt gij niet ontkennen, deze pestilentie is één van de vingerwijzingen daarheen.'⁴⁹

Het Kerkblad identified the 'flu epidemic as the Fourth Horseman of the Apocalypse, Death,⁵⁰ while others, both inside and outside the church, cited passages in the Books of Revelation, Matthew, Mark and Luke in support of their contention that this pestilence heralded the Second Coming.⁵¹ "Maranatha! de Here komt" mag wel grondtoon zijn van onze overdenkingen in deze tijd', declared a distinguished DRC theologian.⁵²

For Johanna Brandt, an Afrikaner visionary who, in 1916, had predicted a great plague as the prelude to the Millenium,⁵³ the

49. De Kerkbode, 31/10/1918, pp.1032-33.

50. Het Kerkblad, 15/10/1918, pp.1-2.

51. De Christelike Strever, December 1918, p.4; April 1919, p.2; De Koningsbode, November-December 1918, p.108; Genade en Waarheid, January 1919, p.2; Ons Vaderland, 1/11/1918, p.2 (Letter from J van Zanten); 19/11/1918, p.3 (Letter from F H Geyser); De Huisvriend, 17/11/1918, p.129; 1/12/1918, p.137; 8/12/1918, p.141; Letter from Dr C F Juritz to Rev John Kingon, 3/11/1918 (copy in author's possession).

52. Gereformeerd Maandblad, November 1918, p.160.

53. J Brandt: The Millenium - A Prophetic Forecast (n.p., 1918). According to the preface of the English version, this booklet was to appear in Dutch, Afrikaans, Xhosa, Sesuto, Zulu, German, French and Russian. On Johanna Brandt, see Dictionary of South African Biography, vol. IV (Durban and Pretoria, 1981), p.55. 'Siener' van Rensburg, the seer who made his name during the Anglo-Boer War, is also reputed to have predicted the 'flu epidemic, but without the millenarian connotations (S Botha: Profeet en Krygsman - Die Lewensverhaal van Siener van Rensburg (Johannesburg, 1940), pp.59-60, 98-9). A black prophet, Amos Mbata, is said to have foretold the epidemic too (B Sundkler: Zulu Zion and some Swazi Zionists (London, 1976), p.60); whether the context was millenarian or not is not indicated.

influenza epidemic was incontrovertible proof of the accuracy of her prophecy. To all those who had scoffed at her then, it was an unanswerable reply. Early in November 1918 she pointed this out in a letter to the press:

'Vervuld is de woord dat die jaar 1918 die Keerpunt sou wees in die geskiedenis van die wereld, vervuld deur die uitsending van die Boodskap van Waarskuwing, Genade en Verlossing, en deur die uitgieting van die eerste van die sewe plage waarin die toorn Gods geëindig sal wees.'⁵⁴

Lengthy extracts from this letter were quoted in newspaper advertisements which urged the public to buy a copy of the new edition of her, Die Millenium, 'voor dit te laat is'.⁵⁵

But, she added, the 'flu was only 'Die Begin Der Smarte ... Dit is maar een klein voorloper van die plage en pestilensies waarin die mense hulle tonge sal kauw van pyn (Openb. 16 vs 10 11).'⁵⁶ Much worse was to follow before Christ returned to live among the righteous few who had survived: on 7 December even more people would die than had succumbed in the influenza epidemic.⁵⁷ This prediction, along with gruesome stories about the 'Black Plague' in Cape Town, prompted many parents to wire their children studying at Stellenbosch to return home at once.⁵⁸ In the event, the only unusual natural occurrence in the first week of December was a partial eclipse of the sun, late on the 3rd.⁵⁹

Outside Afrikaner circles, millenarian interpretations seem to have been far less common. Apart from one reference by a

54. De Noord-Westelyke Nationalist, 22/11/1918.

55. Die Volksblad, 22/11/1918.

56. De Noord-Westelyke Nationalist, 22/11/1918.

57. Die Ebenezer, 1/12/1918, p.22; The Cape, 22/11/1918, p.3.

58. The Cape, 22/11/1918, p.3.

59. The Star, 3/12/1918, p.9.

Congregationalist deacon,⁶⁰ other churches appear to have shunned such explicitly apocalyptic explanations, though a quarterly titled The Midnight Cry, a magazine 'devoted to Evangelism and ... Glorious Hope of the Return of the Lord Jesus Christ', did start publication in Johannesburg early in 1919, under the editorship of the Anglican Rev Ernest Baker.⁶¹ It was joined in 1920 by ds A G du Toit's Ziet Hij Komt!

There is reason to believe that among Black Christians the epidemic also aroused millenarian ideas - for instance, the movement in the Ciskei led by the prophetess Nonteta⁶² - but a dearth of documentation makes a fuller statement difficult. What is likely, however, is that the epidemic was one of several natural disasters and diseases which gained Enoch Mgijima's millenarian Israelite movement a large following.⁶³ It was followers of Mgijima who were massacred at Bulhoek in 1921.

MAN'S NEGLECT OF SOCIAL CONDITIONS

The second broad category of popular explanations attributed the decimation caused by the epidemic to what The Friend described as 'man's disregard of the Divine or Natural laws of health and cleanliness'.⁶⁴ In particular, the belief was widely expressed that, as one reporter put it, '... we are

60. The Congregationalist, November-December 1918, p.24.

61. Unfortunately, neither the first nor the second number of this journal has survived in library collections in South Africa.

62. R R Edgar: 'The Fifth Seal: Enoch Mgijima, the Israelites and the Bulhoek Massacre, 1921' (Unpublished Ph.D. thesis, University of California, 1977), pp.154-5. Edgar refers to another millenarian movement with 'flu connections on p.152.

63. Ibid., pp.55-56.

64. The Friend, 8/11/1918, Editorial.

reaping the consequences of allowing slums in our midst. These slums are a hot-bed of infection ...⁶⁵ Much prominence was given by the press to accounts of the dank, insanitary and overcrowded living conditions encountered by relief-workers in their visits to slum areas. In most cases these conditions were reported as being closely associated with a heavy incidence of the 'flu.'⁶⁶ Herein lay the basis of this popular explanation of the deadly effect of the epidemic, if not of its origin. The composer, W H Bell, was one of many laymen to hold a view that

'We have forgotten the great law, a law of Nature as well as of Ethics, that we are our brother's keeper, and Nature has turned round, as she always will, and given us a sound thrashing for our neglect of her laws.'⁶⁷

Especially in English-speaking business and professional circles, such views were common, reflecting exposure to current scientific ideas and a belief in individual responsibility.⁶⁸ Urban slums and poor medical organisation had provided 'great scope to the spread of disease', declared the organ of South African industry, Industrial South Africa. Such conditions were

'the natural consequences of neglecting the laws of Nature and the precepts of Science. It is useless shutting our eyes to the blame which attaches to each of us as an individual unit of the community ... No human means must be neglected to prevent dread disease from finding a foothold in our country. It is to be remembered that we live in the 20th century, the age of science and enlightenment.'⁶⁹

Similar ideas were at the core of the explanations offered by most clergymen of English-speaking denominations. Writing to a

65. The Star, 11/10/1918.

66. See ch. 2, p.66, ch. 3, p.108 and ch. 4, p.136.

67. The Cape, 1/11/1918, p.13.

68. On the development of this viewpoint in Britain, see A D Gilbert: The Making of Post-Christian Britain (London and New York, 1980), pp.58-61, 64; and A Wohl: Endangered Lives: Public Health in Victorian Britain (London, 1983), p.6.

69. Industrial South Africa, November 1918, p.520.

friend in England, the Anglican Archbishop of Cape Town complained:

'People speak of it [the epidemic] as an "Act of God", a legal phrase, I know, but it seems to me to put the matter into an altogether wrong light. The Enemy who sows tares certainly found a congenial soil in the slums here.'⁷⁰

An Anglican minister on the Rand was more explicit when he identified the cause of the epidemic as 'man-made - or devil made if you like, but through the agency of man; not God-made as so many seem to think'.⁷¹ Insofar as there was an official Anglican viewpoint on the epidemic, it was expounded by the Bishop of George whose article on this subject in his diocesan magazine was reprinted by the national Church Chronicle. He made it clear that he did 'not believe ... that God has sent the influenza because He is angry with us, and has determined to punish us'. The reason for the devastating effect of the epidemic lay in the fact that

'certain conditions ... laid down by the Creator as necessary to our health, have been neglected, wilfully, it may be, or, what is more likely, in ignorance ... We know already that fresh air, cleanliness, nourishment, are our allies in contending with this disease, and that on the other hand, foul air, dirt, poor and insufficient food, are enemies strongly entrenched in the households of thousands of people in this country ... [w]e who tolerate such conditions are guilty before God and humanity ...'⁷²

It was within such a framework that ministers of other English-speaking denominations explained the epidemic too, although they differed as to the extent of God's involvement. Presbyterians hinted at a more direct role by God in punishing man's neglect;⁷³ the South African Baptist did not refer to Him at

70. Witwatersrand University Library, Historical and Literary Papers Division: AB 186 (Archbishop W M Carter Letters), Carter to Lord Wenlock, All Saints Day, 1918.

71. Benoni and District Parish Notes, November 1918, p.3.

72. Church Chronicle, 28/11/1918, pp.456-7. The original appeared in the George Diocesan Magazine, November 1918, pp.6-8.

73. St Andrew's Presbyterian Church Record, November 1918, p.86.

all in its account.⁷⁴ The Catholic Magazine, after months of vacillation, eventually attributed the outbreak to an undefined 'Nature',⁷⁵ while the Congregationalist finally turned its back on its initial stance⁷⁶ and heartily endorsed an article emphasising that 'ignorance and neglect, not God, are responsible for disease'.⁷⁷ Rev John Dube, an American Board Mission Church Congregationalist,⁷⁸ went further, asserting that the 'flu was the natural result, permitted by God, of a decadent and immoral lifestyle. This view he enunciated repeatedly to the Black readers of his Ilanga lase Natal, since it was 'a matter of importance for the Native mind to see this truth, and not be misled by the twaddle so often found for beguiling people'.⁷⁹

Within the Methodist Church articulated opinion embraced all the views set out in the last paragraph: from the Johannesburg minister who declared that neglect of slum conditions had called down a 'withering, destroying' curse upon them,⁸⁰ to the more measured resolution of a District Synod that 'this calamity, permitted of God, was largely due to the social conditions amid which vast numbers of the people are compelled to live ...'⁸¹ For its part, the official Methodist Churchman did not directly mention God in its explanation, merely stating that Nature had been assailed by an 'incidental, or accidental' sickness which,

74. South African Baptist, November 1918, pp.4-5.

75. Catholic Magazine for South Africa, June 1919, p.281.

76. See p.258 above.

77. The Congregationalist, March 1919, p.5. The editorial endorsement is on p.1.

78. On Dube, see Dictionary of South African Biography, vol.III (Cape Town, 1977), p.242; S Marks: 'The Ambiguities of Dependence: John L Dube of Natal' in Journal of Southern African Studies, vol. 1, no. 2 (1975), pp.162-180.

79. Ilanga lase Natal, 22/11/1918. For further expressions of this opinion, see editions of 18/10/1918, 29/11/1918, 6/12/1918.

80. Rand Daily Mail, 29/10/1918.

81. Daily Dispatch, 3/2/1919, p.7.

'but for overcrowding ... would have proved to be little more than an ordinary visitation of influenza'.⁸²

For all their variations, each of the above interpretations was trying to achieve the same goal: to reconcile a traditional belief in an omnipotent God with the discoveries of science and medicine during the preceding century.

Nor did this great debate remain merely academic, for, acting on medical advice, numerous local authorities decided to try to prevent all indoor public gatherings, including church services. They hoped that this would stop the 'flu spreading even more rapidly.

Clergymen's responses varied, reflecting the uncertainty in the minds of many - whatever their opinion as to the cause of the epidemic - when the teachings of faith and of science came into conflict over a matter widely supposed to concern life and death. Predictably, DRC ministers had the fewest doubts: it was plainly unchristian, declared De Kerkbode, 'om, waar men onder de beproevende en kastijdende hand Gods verkeert, de gezamenlijke toenadering van de gemeente des Heeren te verhinderen'.⁸³ Most Anglican clerics also expressed themselves in favour of continuing regular services, either because it was, 'a time when people are looking to their religion for help and comfort',⁸⁴ or because not to do so 'would be surrendering every principle that is most precious and discarding GOD as useless in such times'.⁸⁵ Some clergymen - and in this Anglicans were not alone - tried to resolve their dilemma by shortening services or

82. Methodist Churchman, 21/10/1918, pp.1, 5.

83. De Kerkbode, 31/10/1918, p.1034.

84. Cape Times, 25/10/1918, p.5 (Letter from Archbishop Carter).

85. Benoni and District Parish Notes, November 1918, p.5. For an equally vigorous opinion see The News-letter, November 1918, p.303.

holding them out of doors;⁸⁶ others carried on with their services regardless, pointing to the non-closure of gathering-places such as bars, shops and market-places.⁸⁷ In holding their services as usual, Methodist ministers in Cape Town laid special emphasis on the need to provide their congregants with a chance for

'detachment from the present distress, and that comfort and inspiration for further duty ... Many people at this juncture feel the need of breathing another atmosphere, if only for a brief space,'

they declared.⁸⁸

Methodists elsewhere⁸⁹ - along with a number of ministers of smaller denominations in Cape Town⁹⁰ - did heed the authorities' call to halt services. Few of these justified their decision, beyond citing 'the interests of public health'⁹¹ or prudence and necessity.⁹² Only Rev F Conquer, the Congregationalist chaplain to the Mayor of Cape Town, went further, when, with a flourish of theological modernism, he argued in a letter to the

86. Cape Times, 26/10/1918, p.4; Springs Parish Messenger, November 1918, Articles titled 'The Epidemic and Church Services' and 'Sickness and Faith'; A F Louw: My Eerste Neëntig Jaar (Cape Town, 1958?), p.199; South African Library, Manuscripts Department: MSC 18 (Pocock Family Papers), Box 21, W F H Pocock Letterbook, 1918-21, p.673; Interviews with Mrs A Ketkar, Mrs Rockman and Mr S Stone; Letter to author from Mrs B E Rennie, 5/11/1981.

87. Cape Times, 26/10/1918, p.8 (Letter from Rev A H Hodges); De Kerkbode, 14/11/1918, p.1082; The Friend, 20/5/1919, p.6; University of the Witwatersrand Library, Historical and Literary Papers Division: AB 487/9 (Letterbook of Bishop Sidwell), p.382.

88. Cape Times, 26/10/1918, p.8 (Letter from Rev A H Hodges).

89. The Friend, 20/5/1919, p.6.

90. Cape Times, 19/10/1918, pp.3, 6; 25/10/1918, p.4; 26/10/1918, p.4.

91. Cape Times, 26/10/1918, p.8 (Letter from Rev F Conquer).

92. The Friend, 20/5/1919, p.6.

Cape Times:

'On general grounds, if the churches are to open for public assembly, I fail to see why we should discriminate against the theatres. Whatever ecclesiastics may think about our newly-made acquaintance, the bacillus catarrhalis, there is no essential difference between a congregation assembled for public worship and a crowd gathered to witness the screening of a film.'⁹³

There can be little doubt that De Kerkbode was not alone in the dismay it expressed at Conquer's letter. Compared with his views, it said, its belief in the primacy of the spiritual over the physical 'is echter ouderwetsch en onwetenschappelijk'; yet, it concluded after weighing up the two, 'geslotene kerken vullen ons met grooter vrees dan de bacillus catarrhalis, ...'⁹⁴

Apart from the Ladybrand case in 1919,⁹⁵ there is no evidence that local authorities tried to force White ministers to suspend their indoor services where they were determined to continue. However, there is reason to believe that they were not as tolerant of Black ministers who were of a like mind.⁹⁶ Probably their general disinclination to enforce suspension stemmed from a lack of conviction that science had explained the epidemic more adequately than religion had. Certainly the confusion within the medical profession did not inspire confidence. Rev F C Kolbe

93. Cape Times, 26/10/1918, p.8 (Letter from Rev F Conquer). So radical a line upset the Mayor, even though he had issued the original request for services to be suspended. In an angry letter to Conquer he reproved him for signing himself 'Mayor's Chaplain', thereby implying that his view had the Council's approval and placing the Mayor 'in possible conflict with the other clergy'. (Cape Archives: 3/CT, vol. 3/5/1/1/16, p.85.)

94. De Kerkbode, 31/10/1918, p.1035.

95. See ch. 11, pp.390-1.

96. Cape Archives: 1/UTA, vol. 6/1/218, file 28, v. 8, Circular from Resident Magistrate, Umtata to various ministers, 22/10/1918; Resident Magistrate, Umtata to A Mtengane, 9/12/1918. Report of interview with M Dlamini with regard to events in Swaziland (in letter to author from Professor H W Turner, 17/5/1979).

probably expressed more than Catholic thinking when he began his article on the epidemic in the Catholic Magazine as follows:

'"Master, the people must be very wicked, when God punishes them so hard."

So said an old Malay woman to the present writer during the worst days of the terrible epidemic, ...

The plain man who realises the impotence of science in [the] face of a catastrophe of this kind, and who has a real faith in the Providence of God and a knowledge of the moral condition of modern society, is inclined to agree with the Malay woman, Mahommedan though she be.'⁹⁷

DELIBERATE ACTION BY MALEVOLENT GROUPS/INDIVIDUALS

Popular explanations which assign responsibility for the epidemic to ill-willed people are particularly revealing about existing attitudes to others and beliefs and prejudices about them - as Michael Durey has noted with regard to popular attribution of blame for the 1831-32 cholera epidemic in Britain, 'the scapegoat is never chosen at random, but for reasons of logic'.⁹⁸

The crudest logic was that of those super-patriots who, after four years of intense anti-German propaganda, were quite prepared to see in the devastating epidemic yet another example of German 'frightfulness'. 'Spanish influenza is not a suitable name. German plague is more accurate,' the local MOH and District Surgeon told the Uitenhage Times at the height of the

97. Catholic Magazine for South Africa, November 1918, p.495. For another example of doubts about science's ability to explain everything, see De Vriend des Volks, 31/10/1918, Editorial.

98. M Durey: The Return of the Plague - British Society and the Cholera 1831-32 (Dublin, 1979), p.156.

epidemic,⁹⁹ while the Cape Times, relying on information 'from a high medical authority ... that Spanish influenza may be directly traced to the use of poison gas by the Germans',¹⁰⁰ bitterly concluded that here was 'apparently another penalty which civilisation has to pay for the prostitution of German science to the service of the Devil'.¹⁰¹

That such opinions were not the peculiar preserve of jingoistic doctors and leader-writers is borne out by other reports.

The Friend stated that it had received numerous letters concerning 'the Kaiser's alleged share in or authorship of this calamity';¹⁰² the Transkeian Gazette reported similar views among Blacks in the Kentani District,¹⁰³ while a Pretoria doctor passed on to a journalist a contorted version of the same, as related to her by an old Indian woman.¹⁰⁴ Though, in the end, common-sense made it dismiss such explanations, the Methodist Churchman exemplified this widespread readiness to believe the very worst of the Germans when it admitted that it felt, '... the Germans would, if they could, introduce disease germs in all the Allied countries if thereby there was any chance of their

99. Uitenhage Times, 16/10/1918.

100. Cape Times, 7/10/1918, p.5.

101. Ibid., Editorial.

102. The Friend, 8/11/1918, Editorial. For more opinions of this sort, see Kimberley Evening Star, 9/11/1918, p.6; Cape Argus, 1/11/1918, p.8; 2/10/1965, Magazine section, p.11; Farm, Road and Seaside - The South African Caterer, October 1918, p.9; Architect, Builder and Engineer, 1/11/1918, p.19; Woman's Outlook, November 1918, p.6; South African Nursing Record, November 1918, p.22; South African Library Manuscripts Department: MSC 18 (Pocock Family Papers), Box 21, W F H Pocock Letterbook 1918-1921, p.670; Letter to author from Mr H Stuurman, 12/11/1918; Interview with Sister Diympla.

103. Transkeian Gazette, 31/10/1918, 'Kentani Notes'. For further examples of such views among rural Blacks, see St Matthew's College Magazine, Special Supplement Number, 12/11/1918, p.2; South African Library, Manuscripts Department: MSC 15 (J X Merriman Correspondence), Letter 576 from M Apthorp to J X Merriman, 9/11/1918; Interview with Mr P Ndaba.

104. The Friend, 29/11/1918, p.5.

winning the war'.¹⁰⁵ An eight-year old girl took no chances: she wore a camphor bag around her neck 'to keep off the Germans'.¹⁰⁶

Given the press revelations concerning the Government's failure to prevent the 'flu entering South Africa and then spreading country-wide,¹⁰⁷ it is not surprising that in some of those quarters where suspicion of the Government's every action was rife, the epidemic was attributed to its deliberate malevolence. In the Transvaal, for instance, an Afrikaner woman told a relief-worker:

'... hulle het 'n telegram gestuur uit Kaapstad aan Botha, om te vra wat gedaan met 'n skeeps-lading soldate wat lij aan die kakie-pes. En Botha het terug geantwoord: "laat hul los, dat dit al die nasionaliste uitroei"!'¹⁰⁸

From a strongly Nationalist constituency in the OFS a correspondent of the pro-Government De Vriend des Volks complained how locals 'schrift alles aan Botha toe. Botha is oorzaak van de wereldpest ... Het is Botha voor en na het gebed ...'¹⁰⁹ An editorial in this newspaper ten days later lamented the fact that, 'n Verstandelike en zedelike pestilentie waart rond onder ons, 'n neiging om ten koste van waarheid en redelijkheid de tegenstander zwart te maken'.¹¹⁰

To some Blacks such enmity among Whites was trifling when compared with the antipathy which they believed Whites bore towards them. To them the epidemic was 'connected with the schools established by the white people'¹¹¹ or, worse still, it

105. Methodist Churchman, 21/10/1918, p.1.

106. Collier Collection: Letter from Mr E J Read, 5/5/1972.

107. See ch. 2, pp.27-28 and ch. 6, pp.198-200.

108. De Volkstem, 3/12/1918, p.11. For a variation on this interpretation, see De Noord-Westelyke Nationalist, 8/11/1918, p.3.

109. De Vriend des Volks, 19/12/1918, p.2.

110. De Vriend des Volks, 30/12/1918, Editorial.

111. Cape of Good Hope: Report of the Superintendent-General of Education for 1919, CP4-'20, p.42.

was an 'action of the Government to kill off the people', as the Principal of Lovedale told the Influenza Epidemic Commission;¹¹² his relief-workers in the Victoria East district had found themselves preceded by a local, announcing 'that this disease was a device of the Europeans to finish off the Native races of South Africa'.¹¹³ A Transvaal missionary reported a version with a significant twist: the influenza epidemic, he was told, was a judgment on Whites for their harsh treatment of Blacks, 'particularly in not increasing their wages'.¹¹⁴ It is proper to note, however, that beliefs of White animosity to Blacks were not limited to South Africa; they were common in colonial Africa, especially during epidemics.¹¹⁵

Other Blacks sought an explanation for the epidemic within a traditional framework in which there was no concept of chance. This generally ascribed misfortunes to an ancestor punishing a descendant for some breach of custom or a 'witch'/'wizard' who was a human with evil intent born of anger, envy or selfishness.¹¹⁶

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- 112. IEC, vol. 1, file 4: Evidence of Rev J Henderson, p.3. See too F Schimlek: Mariannhill (Mariannhill, 1950), p.211.
 - 113. Christian Express, 2/12/1918, p.185. For similar opinions see St Matthew's College Magazine, Special Supplement Number, 12/11/1918, p.2; Interview with Rev E E Mahabane.
 - 114. Presbyterian Churchman, January 1919, p.7.
 - 115. P Curtin et al: African History (Boston and Toronto, 1978), p.554. For an example of the Spanish 'flu being so attributed in Nyasaland, see De Koningsbode, August 1919, p.156; Cape Times, 15/11/1919, p.11.
 - 116. P Bohannan: African Outline (Harmondsworth, 1966), p.210; G Parrinder: Africa's Three Religions (2nd edition, London, 1976), p.65; W D Hammond-Tooke (ed): The Bantu-Speaking Peoples of Southern Africa (2nd edition, London, 1974), pp.335-6, 359; P Mayer: 'Witches' in M Marwick (ed): Witchcraft and Sorcery (Harmondsworth, 1970), pp.53, 63; G W Hartwig: 'Social Consequences of Epidemic Diseases: The Nineteenth Century in Eastern Africa' in G W Hartwig and K D Patterson (eds): Disease in African History (Durham, NC, 1978), pp.36-37.

Extant sources point to the latter as the most commonly accepted explanation among non-Christians in the Transkei during the epidemic,¹¹⁷ but this may be the result of other interpretations having left even less evidence for the historian sixty years later. Nevertheless, the evidence of attribution to a 'witch'/'wizard' is most illuminating and was not without significant consequences at various levels.

In his Annual Report for 1918, the Commissioner of Police, Transkei Division, reported that:

'... the witch-doctor has been more active than in previous years. The recent Influenza Epidemic ravaged the Natives and in their ignorance they ascribed the visitations to various causes and reasons, blaming friends and relatives for having caused the illness and death of those near and dear to them.

There has been an increase of Smelling-Out cases and a resultant increase in the number of crimes of violence reported, also mainly due to the witch-doctor.'

He illustrated this increase with a typical case: the 'flu epidemic had killed several residents of a kraal near Lusikisiki where there had been one or two deaths earlier in the year. At that time witch-doctors had named a kraal head, Msila, as being responsible, but others had disagreed and no action had been taken. Now, 'flu deaths in the same kraal had decided the survivors to deal with Msila once and for all.

'They attacked his kraal early in the evening, killed him, cut his wife and infant child so badly that they died the following morning, two boys aged 15 and 17, respectively, were seriously wounded, ...'¹¹⁸

117. This appears to have been so elsewhere in Africa too - see, for example, J Iliffe: A Modern History of Tanganyika (Cambridge, 1979), p.270.

118. Cape Archives: CMT 3/872, file 638.31, Annual Report of Transkei Division of S A Police for 1918, p.4 (also in Report of the Commissioner, South African Police for 1918, UG 2-'20, pp.48-9).

Two similar cases were heard by the magistrate of Tabankulu;¹¹⁹ in both cases, witch-finders ('isanusi') had named a friend or relative of the 'flu victim as responsible for death. 'Witchcraft is very rampant in Pondoland,' the magistrate commented, '... and there is hardly a single heathen married woman who does not sooner or later undergo the rites and ceremonies of, "twaaiing" i.e. graduation in the occult art of a witch-doctor or witch finder (isanusi). The recent Spanish Influenza epidemic has been the cause of these people being very much in request and of their being the cause of much persecution and trouble.'¹²⁰

Indeed, so great was the increase in ritual naming of 'witches'/'wizards' after the epidemic that the Official Conference of Transkeian Magistrates in 1919 requested that the witchcraft clauses in the relevant Act be tightened up.¹²¹ This was supported by the Solicitor-General of the Eastern Cape who mentioned that:

'Many cases of homicide and serious assault resulting from "smelling out" have come to my notice recently especially after the outbreak of influenza in the native territories ...'¹²²

This combined pressure resulted in an amendment to the Transkeian Penal Code in November 1919 which laid down stiffer

- 119. Cape Archives: CMT 3/942, file 820, Records of cases, The King vs Tiki and The King vs Tshunqwana. Both of these cases went on appeal to the Supreme Court. These judgments are in Central Archives: JUS 276, file 2/474/19.
- 120. Cape Archives: CMT 3/942, file 820, Record of case, The King vs Tiki, p.3. See too Territorial News, 19/12/1918; Daily Dispatch, 5/11/1918, p.7 (Letter from 'A Transkei Resident') and 20/11/1918, p.10.
- 121. Cape Archives: CMT 3/942, file 820, Chief Magistrate Transkei to Secretary for Native Affairs, 14/6/1919.
- 122. Cape Archives: CMT 3/942, file 820, Solicitor-General, Grahamstown to Secretary for Native Affairs, 18/7/1919, enclosed in Secretary for Native Affairs to Chief Magistrate Transkei, 28/7/1919.

penalties for those convicted of 'witch-finding'.¹²³ Moreover, the increase in ritual naming was also one factor in bringing to the Native Affairs Department's attention the urgency of providing proper medical facilities in Black areas - as a senior Departmental official argued, 'it is impossible to stamp out witchcraft and similar practices until the natives are given an opportunity of receiving European medical aid'.¹²⁴

UNINTENDED RESULT OF WORLD WAR I

The frequent references to World War I in contemporary explanations of the epidemic are not surprising, for the bloody warfare in Europe made a deep impression on South Africa, even though only a small proportion of its population was actively involved. The fiercely patriotic Unionist and South African Party press carried detailed reports of the fighting, while films and news-reels drove home the same message: a war of unprecedented magnitude and ferocity was being waged, with horrific new weapons being employed almost at random.

It was the indiscriminate use of poison gas which aroused the suspicions of the District Surgeon of East London, for, like the Spanish 'flu, it too affected the throat and lungs. He told the Influenza Epidemic Commission that he would like to know more about the gases used in Flanders and since spread worldwide 'before excluding them, as a possible cause of the extreme virulence of the late Influenza pandemic'.¹²⁵ Some such explanation took root at a popular level too. In 1978 an old 'Coloured' labourer explained,

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- 123. Union of South Africa Government Gazette, vol. XXXVIII, no. 1013, 5/12/1919, p.441, Proclamation no. 164.
 - 124. Cape Archives: CMT 3/653, file 97, Identical Minute from G A Godley, 29/4/1919.
 - 125. IEC, vol. 1, file 4: Evidence of Dr B Anderson, p.1. See too De Burger, 10/1/1919, p.4; Cape Argus, 14/10/1918, p.6 (Letter from 'Interested'); 23/10/1918, p.6 (Letter from CDF).

'Daardie siekte moes gekom het met die
besoedeling van die lug ... [Die] 1914
oorlog het die lug ... baie besoedel ...
al die boms en goeters ... travel [sic]
met die wind ...'126

In Cape Town some people concluded that the exhaust smoke from a local aeroplane had produced the same effect as it flew over the Peninsula.¹²⁷

Alternatively, among many other laymen the belief was (and remains) widespread that the 'flu epidemic arose from the scores of unburied corpses left decomposing on the battlefield.

'People said that it was because of the war,' an old 'flu survivor told me. 'Soldiers were killed and their bodies left lying around rotting. Germs were picked up from this, which caused the Spanish 'flu.'¹²⁸ Others related similar stories.¹²⁹ Even in the remoter parts of Manyikaland, Southern Rhodesia, a version of this explanation was current in 1918. 'So many were killed in the great war of the white people,' local ngangas (ritual experts) explained, 'that the blood of the dead had caused this great sickness.'¹³⁰

What all these explanations reflect is the contemporary sense of horror at what was taking place on the Western Front.¹³¹ To many it clearly was a place where terrible things were happening

126. Interview with Mr J Granger.

127. Architect, Builder and Engineer, November 1918, p.43; Interview with Mrs P Weisbecker.

128. Interview with Mr D Drever.

129. Letter to author from Mrs E Malherbe, 10/12/1982. Interviews with Mrs Cross; Mr H Z de Villiers; Mr Eden; Mrs G Gafiel-Cader; Mrs M Jones; Mrs A Ketkar; Mrs Scully; Mr S Stone. Collier Collection: Letter from Mrs H Dey (née Wilmot), 25/5/1972.

130. W Sachs: Black Anger (Westport, 1972), p.32.

131. On such feelings in Britain see J Terraine: The Smoke and the Fire (London, 1980), pp.36-7, 102; A Marwick: The Deluge - British Society and the First World War (Harmondsworth, 1967), pp.227-9.

and could be expected to happen. When men so flagrantly broke the laws of humanity and nature every day, a deadly disease came as no surprise.

'De Hemel alleen weet welke andere rampen
ons nog te wachten staan van terugkerende
mensen die gedurende vier jaar in holen
in de grond geleefd hebben ...,'
pondered Ons Vaderland apprehensively.¹³²

UNDERLYING IDEAS

At a more general level of thought, several features stand out clearly from some of the explanations outlined above.

Firstly, in their conception of God the three Afrikaans churches differed markedly from nearly all other Christian denominations. Their God was in the archetypal Calvinist mould: all-seeing, wrathful, punishing sin by direct intervention - everything that happened was an expression of His will. In contrast to this, most other denominations envisaged God as somewhat removed from humanity's daily affairs, a view intensified by the gruesome experiences of World War I.¹³³ In their eyes, He was the ultimate mover, the designer whose laws were immanent in the workings of Nature; these the human mind was meant to ascertain and to follow. Underlying this conception was an attempt to come to terms with the discoveries of science about the make-up and mechanism of the world. This was aimed at achieving what an influential group of modernist Anglicans hoped would be 'a reconciliation which shall at once set the scientific and critical movement, ... free from the peril of irreligion, and the religious movement free from the imputation of hostility to

132. Ons Vaderland, 29/10/1918, Editorial.

133. O Chadwick: The Secularization of the European Mind in the 19th Century (Cambridge, 1977), p.262; A Vidler: The Church in an Age of Revolution (Harmondsworth, 1965), p.212.

new knowledge'.¹³⁴ Such attempts at accommodation the Afrikaans churches quite specifically rejected in their fundamentalist interpretations of the 'flu epidemic. Not surprisingly, they alone proclaimed a special Day of Humiliation to pray for the removal of the epidemic.¹³⁵ Even the Government jibbed at such a step¹³⁶ - as one columnist noted perceptively,

'The day is not long past when a plague occurred, to call out the priests and parade the host; to-day the engineer looks sharply to the drains.'¹³⁷

A second underlying idea which explanations of the epidemic highlight was the pervasive sense of anxiety among many Afrikaners. For them the epidemic constituted yet another threat to their continued existence as a 'volk', to be added to recent traumatic episodes such as the Anglo-Boer War with its 26 000 Afrikaner victims, Milnerism, the party political split and the internecine Rebellion.

'Wil jij met spotgebaar vir ons nog meer
bij al ons swaar af in die dieptes druk?'

asked the fiery nationalist poet, D F Malherbe, in his

134. Quoted in B M G Reardon: Religious Thought in the Victorian Age (London and New York, 1980), p.434.

135. De Kerkbode, 31/10/1918, pp.1025-1026; 7/11/1918, p.1051; I Hexham: The Irony of Apartheid - The Struggle for National Independence of Afrikaner Calvinism Against British Imperialism (New York and Toronto, 1981), p.66. The Natal DRC's special service was one of thanks for the end of both World War I and of the epidemic (Notulen der 48ste Alg. Kerkvergadering van de NGK van Natal, 1919, p.9).

136. Central Archives: PM 1/1/238, file PM 110/35/1917, Administrator of OFS to Minister of Interior, 5/12/1918; Secretary to the Acting Prime Minister to Administrator of OFS, 13/12/1918 (also in OFS Archives: PAS 147, file 348). Cape Archives: A583 (F S Malan Collection), vol.17, Untitled sub-file inside file marked 'Geheime Stukke - Kabinet & Ministerieël', Telegram from General Botha to Minister Malan, 14/11/1918; Telegram from F S Malan to General Botha, 14/11/1918; De Burger, 31/10/1918, Editorial.

137. Transkeian Gazette, 26/12/1918.

emotion-charged poem, 'Die Plaaig'.¹³⁸ In De Burger, a less eminent poet noted how - as in 1899 and 1914 - it was once again October that had brought calamity to the Afrikaner 'volk'.¹³⁹ Perhaps there was a higher purpose behind this string of disasters hoped a De Vriend des Volks correspondent: 'Door lijden en verdrukking wordt 'n volk 'n volk geboren'.¹⁴⁰

Others saw no such prospect in the gloomy situation for 'ons arme ou volkie, wat aan sink is,' as one reader put in De Burger. Life had become

'so 'n treurigheid: oorlog, droogte, hongersnood en pestilensie; aan alle kante dreig die gevaar ons, terwyl die spaanse griep duisende van slagoffers daaglik om ons heen weg maai.'¹⁴¹

This decimation filled another with the deepest pessimism for the future and he asked despairingly,

'Schijnt het niet of er waarheid in zit, dat de Afrikaner moet uitgeroeid worden? ... De oorlog eiste 26 000 vrouwen en kinders, maar hoeveel zal de Imperiale Pest nemen ...'¹⁴²

The loss of so many promising young lives to what one popular journal called 'die verraderlike epidemie',¹⁴³ caused particular anguish. A poetaster summed up these sentiments feelingly:

138. Die Huisgenoot, February 1919, p.644. Malherbe had lost a young daughter in the epidemic (Union of South Africa: Report of Under Secretary for Education for 1918, Part II, UG'8-'20, p.12).

139. De Burger, 19/11/1918, p.3.

140. De Vriend des Volks, 25/11/1918, Excelsior report. For similar interpretations in the wake of the Anglo-Boer War, see I Hexham: The Irony of Apartheid, pp.69-70; T D Moodie: The Rise of Afrikanerdom (Berkeley, 1975), pp.36-37.

141. De Burger, 25/11/1918, p.4 (Letter from KB).

142. Ons Vaderland, 19/11/1918, p.3 (Letter from O T van Niekerk). See too Ons Vaderland, 1/11/1918, p.6 (Letter from D S van den Berg) and 8/11/1918, p.6 (Letter from P J H Steyn); De Burger, 6/12/1918, p.2.

143. Die Brandwag, November 1918, p.162.

'Spaanse Griep, van oorseese strand,
 Wat maak jij in ons vaderland?
 Het ons dan nie genoeg gelij.
 Vir reg het ons so swaar baklei.
 Baje vrouwe, kinders en mans
 Is deur honger, moord, koe'el en lans,
 In die doodsvallei gejaagd,
 Hul lot word deur die volk beklaagd.
 Spaanse Griep, jij is nog 'n dolk
 In die deurboorde hart van 'n volk,
 Wie s'n wonde glad nie wil heel,
 Want hul verlies is al te veel; ...
 Spaanse Griep, gaat tog weg van hier,
 Want as jij nou nog langer duur,
 Dan blij daar oor, slegs hier en daar,
 Van ons uitgemoorde volk 'n paar.'¹⁴⁴

With such apprehensions about the survival of the Afrikaner 'volk' in the air, it is little wonder that once the 'flu epidemic and the divisive issue of World War I had passed, Afrikaners' determination to secure their own future gathered pace.¹⁴⁵ Nor is it surprising, given such a background, that Johanna Brandt's millenarian prophecies should have attracted so much notice among Afrikaners.¹⁴⁶ It is widely held that

'Millenarian movements almost always occur in times of upheaval, in the wake of culture contact, economic dislocation, revolution, war, and natural catastrophe ... Millenarian movements do not flourish during periods that are otherwise stable; a catalyst is required.'¹⁴⁷

By the same token, post-epidemic millenarian movements among Blacks doubtless point to the presence of acute social distress

144. Cns Vaderland, 1/11/1918, p.8.

145. See ch. 11, pp.408-411.

146. See pp.265-66 above. The Afrikaans version of Die Millenium went through at least three editions in 1918 (the South African Library has a copy marked '3de druk, 1918', dated 5/11/1918).

147. M Barkun: Disaster and the Millenium, p.45. For similar opinions, see K Burridge: New Heaven New Earth (Oxford, 1980), pp.3, 128-9; D B Barrett: Schism and Renewal in Africa (Nairobi, 1968), pp.92-4; J F C Harrison: The Second Coming (London and Henley, 1979), pp.218-20; I Hexham: 'Afrikaner Nationalism 1902-1914' in P Warwick and S B Spies (eds): The South African War - The Anglo-Boer War 1899-1902 (Harlow, 1980), pp.390-91.

and anxiety among them, arising from a string of calamities since Union, such as the outbreak of East Coast Fever in 1912, the 1913 Land Act, the rapid wartime rise in prices and taxes, the severe droughts of 1914-1916, the floods of 1916-1917 and the sinking of the 'Mendi' in 1917.¹⁴⁸ This turmoil the 'flu disaster compounded and/or crystallised. A missionary in a district bordering the Transkei was told by one of his Black congregants early in 1919:

'It is as if the Plagues of Egypt are upon us. First the awful War, then this pestilence and now boils, and the near dread of a famine, the season is so against all crops and fruits.'¹⁴⁹

The similarity to statements by Afrikaners is striking, suggesting a correspondence in their structural position in South African society which went beyond the impact of the epidemic on them.

In sum, not only did the Spanish 'flu epidemic itself exacerbate existing travail in South African society; its very intensity pushed this travail to the surface and caused it to be expressed. Its role in what Roux describes as the 'considerable ferment of ideas and notions, political and otherwise, ... stirring ... in the decade following upon the end of the First World War'¹⁵⁰ should not be disregarded, and not only among Blacks. The

148. T R H Davenport: South Africa - A Modern History (Johannesburg, 1977), pp.176-179; M Wilson and L M Thompson (eds): Oxford History of South Africa, vol. 2 (Oxford, 1971), p.131; P L Bonner: 'The 1920 Black Mineworkers' Strike: a Preliminary Account' in B Bozzoli (ed): Labour, Townships and Protest (Johannesburg, 1979), pp.279-82; P L Bonner: 'The Transvaal Native Congress 1917-1920' in S Marks and R Rathbone (eds): Industrialisation and Social Change in South Africa (London and New York, 1982), p.270; G Shepperson: 'Ethiopianism: Past and Present' in C G Baëta (ed): Christianity in Tropical Africa (Oxford, 1968), pp.253-254; D D T Jabavu: 'Native Unrest' in D D T Jabavu: The Segregation Fallacy and Other Papers (Lovedale, 1928) pp. 76, 81; R Bloch: 'The High Cost of Living: The Port Elizabeth "Disturbances" of October 1920' in Africa Perspective, no. 19 (1981), p.40.

149. Christian Express, 1/4/1919, p.60.

150. E Roux: Time Longer than Rope (Madison and London, 1966), p.135. For a similar observation, see P Walshe: The Rise of African Nationalism in South Africa (London, 1971), p.71. It has been suggested that the 'flu epidemic had such an effect in India (V Smith: Oxford History of India (3rd edition, Oxford, 1958), p.782).

purely psychological shadow which it cast in South Africa was long. There are more than a few hints of what Langer, referring to the aftermath of the Black Death, identified as 'a mass emotional disturbance, based on a feeling of helpless exposure, disorientation, and common guilt'.¹⁵¹

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151. W L Langer: 'The Next Assignment' in American Historical Review, vol. 63, no. 2 (January 1958), p.299.

CHAPTER 9THE TOLLHOW MANY DIED?

Even under normal conditions in 1918, the South African Government lacked the means to record every death in the country. Pre-Union legislation on this matter was still in force and did not provide for all sections of the population: in the OFS and Zululand no provision was made to register Black deaths, while in the Transvaal only Blacks in urban areas were subject to the Registration Ordinance of 1906. As for the Cape, in theory the 1894 Births and Deaths Registration Act applied to all inhabitants, but in practice it was largely a dead letter in predominantly Black rural areas.¹

If the registration of deaths was defective under ordinary circumstances, there was little chance of an accurate record being kept during the crisis of 'Black October', when the registration of White deaths even in large cities faltered. 'The omission to register deaths is not to be wondered at', noted the Official Year Book of the Union, 'when one considers the widespread incidence of the disease, when whole families, and in many cases the greater portion of whole communities were incapacitated ... and the organization of civil administration was to a large extent suspended.'² 'O/p s'n best g'n autentieke sijfers sal [ons] kan verkrij nie', the Registrar of Births and Deaths in Pretoria told De Volkstem in an interview after the epidemic had passed.³

With basic statistical information so imperfect, it is unrealistic

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1. Union of South Africa: Official Year Book of the Union, No. 4 - 1921, p.175.
 2. Ibid., pp.203, 204.
 3. De Volkstem, 12/11/1918, p.4.

to hope to establish the full toll of 'Black October' in South Africa with any degree of precision. A well-informed estimate will have to suffice.

The shortcomings of the figures reported by the Influenza Epidemic Commission have already been referred to, especially with regard to predominantly Black rural areas.⁴ However, they are the most detailed and comprehensive statistics available for the Union as a whole and are probably reasonably accurate insofar as Whites and Indians are concerned. They also provide a guide to the proportion of 'flu deaths per province and per race group. Most secondary works have accepted these figures;⁵ Gluckman's 1944 National Health Services Commission merely rounded off the Influenza Epidemic Commission's figures in its conclusion that, 'according to competent estimates', 142 000 people had died in the epidemic.⁶ (See Table 11).

Other contemporary official estimates have serious deficiencies: the figure of 54 899 deaths in the Official Year Book is based on registered influenza and pneumonia deaths only,⁷ while the tables in the Department of Justice's Annual Report for 1918 unaccountably omit certain Magisterial Districts, inter alia all those in the Transkei.⁸

Unofficial estimates at the time put the toll far higher:

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4. See ch. 2, pp. 60-61 and ch. 5, pp.168-169.
 5. For example, J Burman: Disaster Struck South Africa (Cape Town, 1971), p.83; Standard Encyclopaedia of South Africa, vol. 6 (Cape Town, 1972), pp.94-95; Reader's Digest: South Africa's Yesterdays (Cape Town, 1981), p.55; C Graves: Invasion By Virus (London, 1969), p.107; R Collier: The Plague of the Spanish Lady (London, 1974), p.305.
 6. Union of South Africa: Report of the National Health Services Commission 1942-1944, UG 30-1944, p.19, para. 18. This is also the figure accepted in E H Cluver: Public Health in South Africa (6th edition, Cape Town, 1959), p.244.
 7. Union of South Africa: Official Year Book of the Union, No. 4 - 1921, pp.204-205.
 8. Union of South Africa: Annual Report of the Department of Justice for 1918, UG 36-'19, pp.36, 75, 92, 115.

retired banker and financier, Sir Lewis Michell, concluded that 300 000 people had died, confirming the Malthusian principle 'that nature has a rough & ready method of its own of annihilating the surplus population'.⁹ Ons Vaderland believed that 50% should be added to the Influenza Epidemic Commission's figure, making a total of nearly 210 000 deaths;¹⁰ half a century later it had increased this number to 'sowat 'n miljoen'.¹¹

These unofficial estimates are a good deal closer to the results of a calculation based on a quite different type of enumeration, carried out 2½ years after 'Black October'. The census of May 1921 found that its total of 5 409 092 Blacks, 'Coloureds' and Indians was as much as 500 000 short of what it had anticipated this total would be, based on a continuation of the estimated average annual rate of increase for these races between 1891 and 1911, which was 3.45%p.a.¹² It concluded that this shortfall

'was undoubtedly due to the enormous mortality during the devastating epidemic of influenza in the intercensal period, and corresponds almost exactly with the number of deaths estimated as having occurred during the epidemic.'¹³

This rate of increase of 3.45% p.a. was higher than another Office of

9. Cape Archives: A 540 (Michell Collection), vol. 8, Diary Entry for 27/2/1919.

10. Ons Vaderland, 7/3/1919, p.2.

11. Die Vaderland, 8/12/1972, p.17.

12. Union of South Africa: Third Census of the Population, 1921 - Report, UG 37-'24, p.27.

13. Union of South Africa: Third Census of the Population, 1921 - Part I: Population, All Races, UG 15-'23, p.vi, para. 19. (This paragraph refers to this shortfall as being among 'the Bantu population', but p.vii, para. 24 refers to it as 'amongst other races [than White]'. UG 37-'24, p.27 also refers to the 500 000 as being the shortfall among 'the non-European population'.)

Census and Statistics estimate made slightly earlier: the Quarterly Abstract of Union Statistics issued in January 1920 put the average annual rate of increase for these races between 1911 and 1918 at 2.46%p.a.¹⁴ Extended to 1921, this trend would have meant that the 1921 census figure of 5 409 092 Blacks, 'Coloureds' and Indians was 443 559 less than it should have been.

If the Influenza Epidemic Commission's figure of 11 726 White Spanish 'flu deaths is taken as more or less accurate, the above calculations mean that the epidemic claimed between 455 285¹⁵ and 511 726¹⁶ victims in South Africa in 1918-1919.¹⁷

Faced by such a range of totals from the only authority able to compile a national estimate, the historian must evaluate them most judiciously. While it is certain that the Influenza Epidemic Commission's figures are not complete, its semi-empirical basis must give these added weight; the basis of the two Office of Census and Statistics totals appears too mechanistic to be accepted as they stand. Thus, the toll was probably a good deal higher than the Commission's 139 471, but not as high as half a million. Perhaps 250 000 - 350 000 would be a reasonable estimate.

14. Union of South Africa: Quarterly Abstract of Union Statistics, no. 1, January 1920, p.7, Table (iii).

15. i.e. 443 559 + 11 726.

16. i.e. 500 000 + 11 726. This is the figure (though with White deaths rounded off to 12 000) that the Official Yearbooks of the Republic of South Africa have accepted since 1974 (Official Yearbook of the Republic of South Africa, 1974 (Johannesburg, 1974), p.69).

17. These estimates would include approximately 4 000 deaths in the third wave of the epidemic in 1919 (Union of South Africa: Annual Departmental Reports (Abridged), no. 1, 1920-1: Department of Public Health, UG 8-'22, p.141; South African Medical Record, 26/7/1919, p.220.

WHO DIED?

Given this uncertain foundation to all Spanish 'flu statistics, every attempt to analyse the toll must be regarded as tentative and treated with great circumspection.

The Influenza Epidemic Commission's figures provide the only basis for a national breakdown of the proportion of deaths in each province by race. (See Table 12). From this table it is clear that Blacks and 'Coloureds' in the Cape were hardest hit; possible reasons for this have already been discussed.¹⁸ ✓

Table 13 and Map 1 try to indicate the relative severity of the epidemic by Magisterial District. For Blacks, 'Coloureds' and Indians once again - in the absence of other detailed population statistics closer to 1918¹⁹ - the figures of the 1911 census must serve as the basis of the calculation of the influenza death-rate per 1 000 of the population in each District.²⁰ The number of 'flu deaths in each District is primarily taken from the Influenza Epidemic Commission's Report; occasionally these have been replaced by figures from the Annual Report of the Department of Justice or archival sources, where these seemed more reliable. ✓

Table 13 and the accompanying map locate the heaviest impact of the epidemic in two broad belts: one more or less following the main railway line from Cape Town in a north-easterly direction as far as the Western Transvaal; the other embracing the Ciskei and Transkei. Outside these two belts the areas of comparatively high mortality are few.

18. See ch. 2, pp.57, 66-67; ch. 3, pp.106, 108; ch. 4, pp.136-7; ch. 5, pp.169-170 and ch. 7, p.238.

For an exploratory study of differential Spanish 'flu mortality in New Zealand, see D I Pool: 'The Effects of the 1918 Pandemic of Influenza on the Maori Population of New Zealand' in Bulletin of the History of Medicine, vol. 47 (1973).

19. The 1918 census was limited to Whites.

20. On the use of these figures see note to Table 11.

A notable feature is the relatively low death-rate among all races in Natal. The Influenza Epidemic Commission could not explain why this was so, though it did point out that a similar pattern had been noted during the mild influenza epidemic of 1889-1890, when Natal (and more particularly Durban) had suffered less than the rest of southern Africa. 'It has been suggested', it commented, 'that different strains of organisms operated in Natal and elsewhere [in 1918], but no definite pronouncement is possible on this subject.'²¹

Subsequent findings that there were two waves of Spanish 'flu in 1918, one mild, one virulent, suggest that this is indeed what happened - that the Union was infected almost simultaneously by both waves, the milder entering via Durban, the more virulent via Cape Town. From these ports the waves spread to the rest of the country.²² The differential nature of mortality in the Transkei also points towards the epidemic in South Africa having a dual character. Of the seven Districts which reported a mortality rate of less than 20 per 1 000 inhabitants, six were in the south-eastern half, close to Natal.²³ The nearest railway line to five of these districts was the Natal system.

AGE AND SEX OF VICTIMS

Evidence is strong that in proportion to their respective numbers in the population, fewer women than men died and that among both sexes, as in the rest of the world, persons in the age-group 15 - 45 were particularly susceptible.²⁴ Table 14, though based

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21. Union of South Africa: Report of the Influenza Epidemic Commission, UG 15-'19, para. 50.
 22. See ch. 7, pp.236-237 and IEC, vol. 1, file 1: Evidence of Dr F A Arnold, pp.2, 11.
 23. They were: Umzimkulu, Mount Ayliff, Bizana, Flagstaff, Lusikisiki and Port St Johns.
 24. Great Britain: Ministry of Health Reports on Public Health and Medical Subjects. No. 4 - Report on the Pandemic of Influenza 1918-1919 (London, 1920), pp.xiv-xv. For detailed evidence of this feature of the toll in specific South African towns, see ch. 2, p.64; ch. 3, p.105; ch. 4, p.133.

only on the registered deaths from influenza and pneumonia (amounting to no more than 11 510 Whites and 41 514 Blacks, Indians and 'Coloureds'), demonstrates these two characteristics clearly.

That the 15-45 age-group was particularly hard hit was recognised by the Influenza Epidemic Commission, but it was at a loss to explain this - perhaps 'the older population was partly immunised by passing through previous epidemics', it surmised.²⁵ Others suggested that the most robust segment of the population was hardest hit for that very reason, i.e. they believed that they could carry on as normal, even with a touch of 'flu, not realising that this influenza was something out of the ordinary.²⁶

That the distinctive age-sex pattern of mortality in the epidemic suggested by the narrowly-based tables appended was more general throughout the population is indicated by Tables 15-22 which set out relevant vital statistics. In most cases they reveal sharp movement in 1918 or in periods embracing that year, in the direction of an increased male death-rate, disproportionately higher than the female rate and of an unusually large decrease between 1911 and 1921 in the proportion of those aged 15-45 in the overall population.

One group of women who did seem to have been especially vulnerable to the epidemic were those who were pregnant. To a large number of them the 'flu proved fatal, 'owing to mechanical conditions', as the head of the Cape Peninsula Maternity Hospital put it.²⁷ There were also an unusually large number of miscarriages and spontaneous abortions during 'Black October'.²⁸

25. UG 15-'19, para. 54.

26. See ch. 6, p.233; ch. 7, pp.237-238, 245.

27. IEC, vol. 2, file 8 part 2: Evidence of Dr A Simpson-Wells, p.2.

28. IEC, vol. 2, file 8 part 2: Evidence of Dr Simpson-Wells, p.2; UG 15-'19, para. 56; Child Welfare Conference: Report of Proceedings of 4th Annual Conference, 1920, p.8. These features were not limited to South Africa (see J B Hardy: 'Fatal Consequences of Maternal Viral Infections in Pregnancy' in Archives of Otolaryngology, vol. 98 (1973), pp.220-221.

These factors must, in part at least, explain the fall in birth-rate in 1919 shown in Table 23.

Contemporaries noticed one further feature about who was attacked by Spanish 'flu: Whites born in South Africa seemed to be more vulnerable than those who had grown up in Europe.²⁹

'It was probable that most of the latter had acquired a certain amount of immunity in previous epidemics in Europe', thought the Director of the South African Institute for Medical Research.³⁰

OVERALL DEMOGRAPHIC IMPACT

Not unexpectedly, the greatest demographic effect of the epidemic is most clearly to be seen in vital statistics for 1918 and 1919. Tables 24 and 25 reflect a sharp drop in the annual natural increase of the population in those two years and in the intercensal period covering them.

However, the full demographic impact of 'Black October' was not limited to 1918 and 1919. 'The change in the age and sex constitution of the population will have far-reaching effects on the general mortality and birth rates of the Union population for many years', predicted the 1921 Census Report accurately.³¹ From 1918 two features became a permanent part of South Africa's demographic structure: a significant reduction in the number of people born in the period 1918-1919 and a marked decrease in the groups who had been in the age-group 15-45 in 1918.³² The term

29. UG 15-'19, para. 55.

30. IEC, vol. 1, file 1: Evidence of Dr W Watkins-Pitchford, p.34.

31. Union of South Africa: Third Census of the Population, 1921 - Part II: Ages of the European Population, UG 33-'23, p.iii, para. 2.

32. Union of South Africa: 4th Census, 1926 - Report with Summaries and Analysis, UG 4-'31, p.42, para. 47. Among Whites the latter decrease accentuated already-existing deficiencies in these groups as a result of World War I and the Anglo-Boer War.

'lost generations' does not seem inappropriate.

Since 1918 these gaps in the population have affected every social stage (e.g. schooling, employment, marriage, parenthood and death) as each diminished age-group has reached it. In 1929, for instance, the Superintendent-General of Education in the Cape reported that the decade 1918-1928 had shown a marked 'slackening in growth' in the school-enrolment of White children compared to the previous decade. 'The reason lies in the fact that children of school-going age have not been increasing in number at the same rate as the total population', he explained.³³ Part of the reason for this lay in the heavy toll of the epidemic among pregnant women and would-be parents in 1918, which meant that several thousand anticipated children were not born. Ordinarily, these children would have started school in the mid-1920s.

THE HUMAN DIMENSIONS OF THE TOLL

However, to discuss the toll of 'Black October' merely in terms of numbers is quite inadequate. The wide-ranging effects of these influenza deaths on others, even if not quantifiable, must be recognised too. 'It was like the rude shattering of a long prepared life program [which] changed the tenour [sic] of many a life', noted a student perceptively.³⁴ Some families were left broken or decimated, like the Slabberts of Reitz who lost six sons in a matter of days;³⁵ a large number of children were

33. Cape of Good Hope: Report of the Superintendent-General of Education for 1927-8, CP 2-'29, p.6. See too Cape of Good Hope: Report of the SGE for 1925, CP 2-'26, p.5 and A J Stals: Die Griep of Influenta (ACVV Gesondheidspublikasie no. 2, Cape Town, circa 1926), p.5.

34. Grey University College Magazine, 1919, p.26.

35. Kimberley Evening Star, 23/11/1918, p.2. For other examples of individual families being wiped out or sustaining heavy losses, see De Burger, 14/11/1918, p.3; 21/11/1918, p.3; 22/11/1918, pp.2, 3; 13/12/1918, p.3; The Friend, 18/1/1919, p.5; South Africa, 18/1/1919, p.109; Letter to author from Mrs N Peile,

suddenly orphaned³⁶ and feelings of sorrow, grief and broken-heartedness were widespread among the bereaved.³⁷ Some sought solace in spiritualism.³⁸ Months later, there were still 'long processions of people in black garments who throng the Maitland trains on Sunday to visit the lines and lines of new graves at the cemeteries.'³⁹ 'We cannot attempt to measure the cost of disease in human misery or estimate the tragedies of sudden bereavement', notes a distinguished epidemiologist rightly. 'There are no scales for weighing grief'.⁴⁰ Contemplating the magnitude of the toll in 1919, one doctor concluded thoughtfully:

'[I]f one considers ... the whole sequence of orphanage, loss of parental control, the loss of influence of wife over husband, and vice-versa, the loss of home life, the loss of infant life, the loss of the flower of the manhood and womanhood of the land, the loss of some of the best brains of the country, which follow as a natural consequence, the total appals one. It has truly been an irreparable calamity which has fallen on South Africa.'⁴¹

27/11/1978; Interview with Dr M Cohen; Collier Collection: Recollections of Mrs W J Prinsloo in letter from Mrs H Johnson, 15/5/1972; Letter from Mrs P van der Poll (née Beuning), 22/8/1972.

36. See ch. 10, p.334.
37. For poignant examples of the effects of these feelings after the 'flu, see L Vambe: From Rhodesia to Zimbabwe (London, 1976), pp.11-12; Collier Collection: Letters from Mrs H Coetzer (née van Niekerk), 8/6/1972; Mrs F K Heidalewig, 22/5/1972; Mrs H Sheridan, 4/7/1972.
38. Diamond Fields Advertiser, 26/11/1918, p.3; Interview with Mrs A Ketkar.
39. The Cape, 10/1/1919, p.5. For the persistence of mourning dress in the Transvaal, see Matatiele Mail, 27/2/1919. In Frankfort a memorial service for local 'flu victims was held as late as March 1919 (Central Archives: A 1290 (Frankfort Memorial Service Programme)); a week earlier the Gereformeerde Kerk in the OFS had decided to produce a 'Gedagtenisboek' listing its 'flu victims (Het Kerkblad, 1/4/1919, p.15).
40. W I B Beveridge: Influenza: The Last Great Plague (London, 1977), p.22.
41. South African Medical Record, 25/1/1919, p.23.

Faced with a large number of deaths and their many consequences, historians of epidemics have rightly hesitated to single out particular deaths as of greater significance than others. How is one to rate the death of a child against that of an adult, that of a person unknown outside a small circle of family and friends against that of a prominent public figure? Office-holders can be replaced, individuals cannot. With regard to those of some public attainment, it is important to recognise that, because of its peculiarly heavy toll among young adults, the Spanish 'flu epidemic claimed a disproportionately large number of those who were beginning to make their particular mark. 'It was terribly sad to see so many young men thus cut off in the very prime of manhood', noted one school magazine sorrowfully.⁴²

To illustrate this point - no more - a list has been compiled to include the names, ages and achievements of some of the most promising 'flu victims. It must be remembered, however, that the available sources for compiling such a list are heavily weighted in favour of White males, rendering it partial and incomplete. (See Table 26).

A COMPARATIVE VIEW OF THE SOUTH AFRICAN TOLL

Even taking the Influenza Epidemic Commission's low mortality figures as a basis, it is clear from Table 27 that South Africa sustained one of the highest per capita death-rates from Spanish 'flu in the world, particularly among its Black and 'Coloured' populations.

Moreover, if one accepts the figure of 250 000 - 350 000 deaths proposed above,⁴³ then South Africa was one of the five worst hit countries in the world - assuming the figures for other countries are at all accurate.

42. South African College School Magazine, December 1918, p.12.

43. See p.291 above.

Why was this so? South Africa was not alone in Africa or the world in having a large, indigenous population, especially vulnerable to 'alien' diseases, living under poor conditions, with very little access to scientific medical facilities and knowledge. Was the strain of the second wave which hit the Union innately more virulent than other strains or was its virulence the result of it having passed through so large a segment of a very vulnerable population?

Setting aside these unanswerable questions about the specific nature of the influenza virus which infected the country, one can identify certain factors which made opportunities for this highly infectious disease to reach the most vulnerable parts of the population more numerous in South Africa than elsewhere in Africa.⁴⁴

Firstly, in contrast to landlocked or remote countries, South Africa's strategic maritime position had long laid it open to infection from visiting ships. World War I, with its expansion of this traffic and its shiploads of troops, multiplied this danger many times.

Secondly, an unusually large proportion of young South African men were normally away from home. In 1918 this number was even higher because of the war. The majority of these men were migrant labourers at work in the industrial areas and ports; a significant minority were soldiers on war-time service.

Thirdly, the means available to these men to return home quickly were far better developed in South Africa than elsewhere on the continent. With over 10 000 miles of railways,⁴⁵ the Union was the only country in Africa which had 'developed a linked [railway]

44. On the links between colonial rule and the accelerated spread of disease in Africa, see G W Hartwig and K D Patterson (eds): Disease in African History (Durham, NC, 1978), pp.11-13.

45. Union of South Africa: Report of the General Manager of Railways and Harbours for 1917-1918, UG 43-'18, p.123.

system comparable to those of Europe or North America.'⁴⁶

(See Map 2) . This railway system penetrated deep into its rural areas. (See Map 3) .

It was primarily via this extensive railway network that in September and October 1918, young men (who, as a group, seemed particularly susceptible to the epidemic⁴⁷) travelled home from 'flu-infected centres, carrying the disease to the most vulnerable part of the population. Two individual cases illustrate this process clearly.

On 2 October, having completed his period of contract work at the De Beers Mines, 23 year old Brown Moehi left Kimberley for his home in the Taung District. He took a northbound train to Border Station, a halt some 20 miles from his village, and next day set out to cover this distance on foot. On the road he began to shiver and soon found difficulty in walking. He struggled on, stumbling and crawling, until he reached his village at nightfall. There he collapsed. Within two days his family and their neighbours were showing symptoms of Spanish 'flu. Several died. 'I brought the 'flu to Driefontein', he recalled remorsefully years later.⁴⁸

Kimberley was also where Jonathan Plessis, a young soldier, contracted Spanish 'flu. Already feeling unwell when he boarded a train from the military camp there early in October, he was running a high temperature by the time he reached his home in Genadendal two days later. Despite careful treatment by his family, his condition deteriorated steadily and he died on 7 October. Within hours of his funeral, reported the local journal, 'Snellijk verspreidde zich de ziekte in 't dorp'. Fifty residents died.⁴⁹

46. P Curtin et al: African History (Boston, 1978), p.514.

47. See pp.293-294 above.

48. Interview with Mr B Moehi.

49. De Huisvriend, 23/2/1919, p.186.

Soberly but accurately, the Influenza Epidemic Commission concluded:

'The general trend of evidence is that the spread of influenza was facilitated and accelerated by the railways.'⁵⁰

In reviewing Hartwig and Patterson's Disease in African History three years ago, Paul Richards spoke of the Spanish 'flu epidemic as 'possibly the single most important recent event in African demographic history'.⁵¹ This chapter demonstrates that in the case of South Africa, the qualification 'possibly' is unnecessary.

50. UG 15-'19, para. 58.

51. Africa (Journal of International African Institute, London), vol. 51 (1981), p.528.

TABLE 11(a)

**SPANISH 'FLU DEATHS AND DEATH RATES PER PROVINCE ACCORDING TO INFLUENZA
EPIDEMIC COMMISSION: WHITES, BLACKS, INDIANS AND 'COLOURED'S'**

	POPULATION				DEATHS				DEATH RATE/1 000 OF POPULATION			
	W(1918)	B(1911)*	I,C(1911)*	TOTAL	W	B	I,C	TOTAL	W	B	I,C	ALL
CAPE	618 825	1 519 939	462 649	2 601 413	5 855	66 432	14 821	87 108	9.46	43.7	32.04	33.48
TVL	499 347	1 219 845	45 805	1 764 997	3 267	24 809	588	28 664	6.54	20.3	12.8	16.24
OFS	181 678	325 824	27 161	534 663	2 242	7 214	281	9 737	12.34	22.1	10.3	18.21
NATAL	121 931	953 398	142 531	1 217 860	362	11 663	1 937	13 962	2.97	12.2	13.6	11.46
SA	1 421 781	4 019 006	678 146	6 118 933	11 726	110 118	17 627	139 471	8.25	27.4	26	22.79

* As there was no census of Blacks, Indians and 'Coloureds' between 1911 and 1921, the figures used in this column are those of the 1911 census (which lumped Indians and 'Coloureds' together). The actual Black, Indian and 'Coloured' populations in 1918 would have been considerably greater assuming that their population growth rates between 1904 and 1911 (Blacks: 2.03% p.a.; Indians and 'Coloureds': 2.8% p.a.) had been maintained. Based on these growth rates, the bottom line of Table 11(a) above would read:

	POPULATION				DEATHS				DEATH RATE/1 000 OF POPULATION			
	W	B	I,C	TOTAL	W	B	I,C	TOTAL	W	B	I,C	ALL
SA	1 421 781	4 590 101	811 062	6 822 944	11 726	110 118	17 627	139 471	8.25	24	21.7	20.4

TABLE 11 (b)

ESTIMATES OF NUMBER OF SPANISH 'FLU CASES, INCIDENCE AND CASE MORTALITY PER PROVINCE
ACCORDING TO INFLUENZA EPIDEMIC COMMISSION: WHITES, BLACKS, INDIANS AND 'COLOURED'

(About these figures, the Commission commented: 'It is impossible to obtain reliable statistical information in regard to the attack rate of the disease, but as accurate an estimate as it is possible to make has been submitted.' - UG 15-'19, para. 48)

	ESTIMATED NO OF CASES				INCIDENCE/100 POPULATION ^x				DEATH RATE/100 PERSONS ATTACKED (CASE MORTALITY)			
	W	B	I,C	TOTAL	W	B	I,C	ALL	W	B	I,C	ALL
CAPE	192 007	809 918	199 305	1 201 230	31.03	53.3	43.1	46.18	3.05	8.2	7.4	7.25
TVL	140 639	484 081	7 367	632 087	28.16	39.7	16.1	35.81	2.32	5.1	7.98	4.53
OFS	79 532	147 450	3 042	230 024	43.78	45.3	11.2	43.02	2.81	4.9	9.2	4.23
NATAL	42 475	463 170	47 819	533 464	34.84	48.6	33.5	45.45	0.85	2.5	4.05	2.52
SA	454 653	1 904 619	257 533	2 616 805	31.98	47.4	37.98	42.77	2.57	5.78	6.84	5.32

Sources: UG 15-'19, Appendix C.
: UG 37-'19, pp.4-6 (Table 2)
: Standard Encyclopaedia of South Africa, vol. 9 (Cape Town, 1973), p.3

TABLE 12

SPANISH 'FLU DEATHS IN EACH PROVINCE AS PERCENTAGE OF
TOTAL NUMBER OF DEATHS IN SOUTH AFRICA: BY RACE

	WHITES	BLACKS	'COLOUREDS'	INDIANS	PERCENTAGE OF DEATHS BY PROVINCE
CAPE	4.2	47.6	10.4	0.2	62.46
TVL	2.3	17.8	0.09	0.3	20.55
OFS	1.6	5.17	0.2	-	6.98
NATAL	0.26	8.4	0.06	1.3	10.01
PERCENTAGE OF DEATHS BY RACE	8.4	78.95	10.75	1.89	

Source: Calculated from UG 15-'19, Appendix C.

TABLE 13

ESTIMATED SPANISH 'FLU DEATHS & DEATH-RATES
BY MAGISTERIAL DISTRICT: CAPE

MAGISTERIAL DISTRICT	POPULATION				TOTAL DEATHS	DEATHS/ 1 000 OF POPULATION
	W(1918)	B(1911)*	I&C(1911)*	TOTAL		
Aberdeen	4 229	1 702	3 064	8 995	152	16.9
Adelaide	2 137	6 223	1 335	9 695	533	54.98
Albany	9 861	18 135	3 602	31 598	915	28.96
Albert & Venterstad	6 095	5 951	2 133	14 179	255+42 = 297	20.95
Alexandria	2 850	10 741	1 546	15 137	1 810	119.57
Aliwal North/					419+112	
Lady Grey	6 417	8 034	1 596	16 047	= 531	33.09
Barkly East	3 729	4 784	507	9 020	260	28.82
Barkly West/					2 250+147	
Klipdam	7 888	24 942	5 068	37 898	= 2 397	63.25
Bathurst	2 342	9 836	541	12 719	640	50.32
Beaufort West	5 565	748	6 036	12 349	524	42.43
Bedford	1 971	6 689	1 792	10 452	231	22.1
Bredasdorp	5 798	4	3 850	9 652	172	17.82
Britstown	2 502	895	2 070	5 467	197	36.03
Caledon	10 451	80	7 848	18 379	252	13.71
Calvinia	7 997	80	6 810	14 887	197	13.23
Cape Town (incl. Durbanville)	72 180	2 164	58 561	132 905	4 623	34.78
Carnarvon	3 614	1 427	2 829	7 870	306	38.88
Cathcart	2 348	9 418	670	12 436	750	60.31
Ceres	3 418	658	3 679	7 755	112	14.44
Clanwilliam	5 705	132	5 972	11 809	173	14.65
Colesberg	3 571	3 931	2 566	10 068	317	31.49
Cradock	5 919	7 074	3 926	16 919	499	29.49
De Aar	2 529	1 063	1 532	5 124	348	67.91
East London	21 223	27 311	2 254	50 788	696	13.7
Elliot	3 843	3 976	303	8 122	370	45.56
Fort Beaufort	1 819	10 889	1 160	13 868	319	23
Fraserburg/					43+69 =	
Williston	5 105	182	3 277	8 564	112	13.08
George	9 005	1 300	6 830	17 135	66	3.85
Glen Grey	738	49 629	332	50 699	2 519	49.69
Gordonia	4 757	933	8 741	14 431	260	18.02
Graaff-Reinet	6 835	4 827	6 891	18 553	850	45.81
Hanover	1 496	910	1 377	3 783	107	28.28
Hay	4 452	4 180	3 581	12 213	250	20.47
Herbert	3 896	5 360	2 747	12 003	126	10.5
Herschel	209	37 498	1 308	39 015	1 463	37.5
Hope Town	2 765	1 162	1 952	5 879	134	22.79

* See note to Table 11 on use of 1911 figures for 1918 calculations.

TABLE 13 (Cont)

Humansdorp	7 612	4 289	6 004	17 905	100	5.59
Jansenville	4 891	3 308	2 183	10 382	194	18.69
Kenhardt	7 349	472	4 798	12 619	190	15.06
Kimberley	20 769	30 771	12 705	64 245	4 861	75.66
Kingwilliamstown, Keiskamahoe & Middeldrift	10 581	94 303	1 838	106 722	7 218+1 221 + 2 220 = 10 659	99.88
Krystna	5 380	468	5 106	10 954	2	0.18
Komga	1 756	14 474	153	16 383	718	43.83
Kuruman	4 361	12 099	1 591	18 051	226	12.52
Ladismith	5 679	184	4 657	10 520	84	7.98
Laingsburg	3 758	218	2 296	6 272	132	21.05
Maclear	2 174	3 279	415	5 868	115	19.6
Mafeking	3 834	21 043	794	25 671	793	30.9
Malmesbury/ Hopefield	14 476	175	17 320	31 971	498	15.58
Maraisburg	1 653	1 903	389	3 945	93	23.57
Middelburg	4 439	4 461	3 587	12 487	300	24.02
Molteno	2 826	4 625	553	8 004	333	41.6
Montagu	4 007	21	3 057	7 085	65	9.17
Mossel Bay	6 561	154	5 562	12 277	187	15.23
Murraysburg	1 466	984	2 112	4 562	88	19.29
Namaqualand	6 327	763	16 957	24 047	81	3.37
Oudtshoorn/ Calitzdorp	17 534	774	17 651	35 959	385+12= 397	11.04
Paarl/Wellington	12 767	206	18 751	31 724	840	26.48
Pearston	1 730	1 986	1 300	5 016	40	7.97
Peddie	1 536	19 210	153	20 899	1 368	65.46
Philipstown	2 562	1 045	1 740	5 347	85	15.9
Piquetberg	11 264	30	6 897	18 191	140	7.7
Port Elizabeth	24 445	8 370	14 976	47 791	2 017	42.2
Prieska	3 502	966	3 062	7 530	339	45.02
Prince Albert	3 706	143	2 904	6 753	106	15.7
Queenstown/ Sterkstroom	8 050	22 777	2 843	33 670	1 185+127= 1 312	38.97
Richmond	1 709	1 115	2 184	5 008	218	43.53
Riversdale	9 046	88	6 078	15 212	44	2.89
Robertson	5 822	79	4 999	10 900	200	18.35
Simonstown	8 056	252	4 166	12 474	348	27.9
Somerset East	5 597	8 297	3 774	17 668	458	25.92
Stellenbosch/ Somerset West	9 588	795	12 800	23 183	432+252= 684	29.5
Steynsburg	2 529	2 247	864	5 640	113	20.04
Steytlerville	2 993	1 956	1 695	6 644	101	15.2
Stockenström	1 860	6 531	2 080	10 471	663	63.32
Stutterheim	2 393	10 595	244	13 232	786	59.4
Sutherland	2 582	62	1 481	4 125	34	8.24
Swellendam	8 929	96	7 321	16 346	178	10.89
Tarka	2 426	5 792	841	9 059	122	13.47
Taung	1 041	21 647	466	23 154	614	26.52
Tulbagh	2 586	341	4 873	7 800	238	30.51

TABLE 13 (Cont)

Uitenhage	12 981	11 088	6 999	31 068	847	27.26
Uniondale	6 314	1 338	4 475	12 127	31	2.56
Vanrhynsdorp	4 203	13	2 781	6 997	113	16.15
Victoria East	1 328	14 339	497	16 164	816	50.48
Victoria West	3 135	1 203	2 994	7 332	283	38.6
Vryburg	4 723	16 155	1 167	22 045	332	15.06
Willowmore	4 596	1 039	3 807	9 442	177	18.75
Wodehouse/					585+255=	
Indwe	6 842	14 662	824	22 328	840	37.62
Worcester	8 209	754	10 995	19 958	734	36.78
Wynberg	31 995	800	33 649	66 444	1 878	28.26

TRANSKEIAN TERRITORIES

Bizana	175	42 366	118	42 659	500	11.72
Butterworth	729	20 890	113	21 732	1 001	46.06
Elliotdale	220	28 036	72	28 328	351	12.39
Engcobo	652	61 063	358	62 073	3 506	56.48
Flagstaff	198	27 780	191	28 169	400	14.2
Idutywa	425	30 277	31	30 733	1 630	53.04
Kentani	280	36 468	71	36 819	1 501	40.77
Libode	147	25 421	69	25 637	2 201	85.85
Lusikisiki	165	44 015	519	44 699	850	19.02
Matatiele	1 810	36 455	719	38 984	1 638	42.01
Mt Ayliff	190	18 835	135	19 160	276	14.41
Mt Currie						
(Kokstad)	2 070	10 581	2 620	15 271	607	39.75
Mt Fletcher	289	27 144	133	27 566	1 519	55.1
Mt Frere	287	37 667	297	38 251	3 000	78.43
Mqanduli	292	35 183	58	35 533	1 202	33.83
Nqamakwe	256	31 261	39	31 556	1 782	56.47
Ngqeleni	154	36 648	316	37 118	2 500	67.35
Port St Johns	310	17 888	324	18 522	250	13.5
Qumbu	259	33 159	332	33 750	1 613	47.8
St Marks						
(Cofimvaba)	394	38 438	211	39 043	3 076	78.78
Tabankulu	162	37 509	90	37 761	1 803	47.75
Tsolo	418	32 646	129	33 193	1 508	45.43
Tsomo	217	26 140	31	26 388	1 171	44.38
Umtata	1 989	43 635	335	45 959	1 178	25.63
Umzimkulu	543	35 603	989	37 135	325	8.75
Willowvale	321	41 324	61	41 706	2 300	55.15
Xalanga	745	15 170	840	16 755	1 362	81.29

TABLE 13 (Cont)

ESTIMATED SPANISH 'FLU DEATHS & DEATH-RATES
BY MAGISTERIAL DISTRICT: NATAL

MAGISTERIAL DISTRICT	POPULATION				TOTAL DEATHS	DEATHS/ 1 000 OF POPULATION
	W(1918)	B(1911)	I&C(1911)	TOTAL		
Alexandra (Umzinto)	1 658	40 818	10 527	53 003	754	14.23
Alfred (Harding)	615	26 038	553	27 206	291	10.7
Bergville	792	14 842	141	15 775	547	34.68
Camperdown	982	16 345	927	18 254	307	16.82
Dundee	4 285	24 067	5 428	33 780	1 120	33.16
Durban		20 983+	48 037+			
&		34 970=	4 107=			
Pinetown	52 132	55 953	52 144	160 229	918	5.73
Estcourt	3 605	33 387	2 125	39 117	739	18.9
Helpmekaar	394	22 412	208	23 014	388	16.86
Impendhle	408	9 148	310	9 866	502	50.88
Inanda/Ndedwe (Verulam)	3 047	30 184	26 459	59 690	921+347= 1 268	21.24
Ixopo	1 247	45 706	561	47 514	700	14.73
Klip River (Ladysmith)	4 304	33 804	4 112	42 220	820	19.42
Krantzkop	427	18 371	54	18 852	203	10.77
Lions River (Howick)	1 763	10 135	1 348	13 246	224	16.91
Lower Tugela (Stanger)	1 175	29 558	13 939	44 672	538	12.04
Mapumulo	66	26 820	26	26 912	287	10.66
Mpofana	31	21 992	5	22 028	340	15.43
Newcastle	4 523	24 440	3 521	32 484	872	26.84
New Hanover	1 847	16 210	1 821	19 878	304	15.29
Ngotshe	543	23 962	49	24 554	352	14.34
Paulpietersburg	1 437	13 062	2	14 501	234	16.14
Pietermaritzburg	19 847	28 384	10 015	58 246	1 200	20.6
Polela (Bulwer)	906	16 472	374	17 752	478	26.93
Port Shepstone	1 306	27 542	2 558	31 406	156	4.97
Richmond	966	19 979	1 052	21 997	489	22.23
Umvoti (Greytown)	2 028	28 999	1 194	32 221	206	6.39
Utrecht	2 667	24 509	102	27 278	164	6.01
Vryheid &					239+185=	
Babanango	4 594	35 362	226	40 182	424	10.55
Weenen	820	19 508	168	20 496	201	9.81

TABLE 13 (Cont)ZULULAND

Entonjaneni	509	14 855	47	15 411	152	9.86
Eshowe	740	34 096	236	35 072	407	11.6
Hlabisa	113	14 786	61	14 960	48	3.21
Ingwavuma	45	25 847	2	25 894	30	1.16
Lower Umfolozi (Empangeni)	604	12 623	433	13 660	159	11.64
Mahlabatini	61	12 768	22	12 851	300	23.34
Mtunzini	552	21 413	1 638	23 603	251	10.63
Ndwendwe (Nongoma)	79	29 538	36	29 653	301	10.15
Nkandhla	192	26 431	23	26 646	528	19.82
Ngutu	171	22 612	19	22 802	750	32.89
Umbambo	23	14 698	9	14 730	101	6.86

TABLE 13 (Cont)

ESTIMATED SPANISH 'FLU DEATHS & DEATH-RATES
BY MAGISTERIAL DISTRICT: TRANSVAAL

MAGISTERIAL DISTRICT	POPULATION				TOTAL DEATHS	DEATHS/ 1 000 OF POPULATION
	W(1918)	B(1911)	I&C(1911)	TOTAL		
Barberton	3 053	33 367	391	36 811	704	19.12
Benoni	18 242	22 959	1 074	42 275	505	11.95
Bethal	7 260	7 564	384	15 208	268	17.62
Bloemhof, Christ- iana & Schweizer Reineke	12 452	7 776	980	21 208	766	36.12
		31 782+	1 953+			
Boksburg/ Springs	15 865	6 319=	279=			
Carolina	4 193	38 101	2 232	56 190	430	7.65
Emelo	8 905	13 068	201	17 462	250	14.32
Germiston	21 973	22 177	1 837	32 919	1 020	30.99
Heidelberg & Vereeniging	15 787	41 951	2 528	66 452	441	6.64
Johannesburg	140 028	24 753	1 606	42 146	395+339=	
Krugersdorp	29 417	103 668	15 606	259 302	734	17.42
Lichtenburg	12 811	72 136	3 373	104 926	2 284	8.81
Lydenburg, Pilgrim's Rest & Belfast	10 517	13 995	967	27 773	850	8.1
Marico (Zeerust)	9 958	105 605	659	116 781	837	30.14
Middelburg	17 577	18 679	515	29 152	4 348	37.23
Pietersburg	8 842	49 853	1 106	68 536	787	27
Piet Retief	3 025	192 183	388	201 413	1 624	23.7
Potchefstroom & Klerksdorp	34 662	25 051	55	28 131	7 600	37.73
Pretoria	63 386	34 647	3 927	73 236	284	10.1
Rustenburg	20 066	97 625	4 526	165 537	592+333=	
Standerton	9 077	46 589	488	67 143	925	12.63
Wakkerstroom & Volksrust	7 880	14 777	1 093	24 947	3 508	21.19
Waterberg (Nylstroom)	10 081	25 125	560	33 565	1 100	16.38
Wolmaransstad	9 783	68 376	378	78 835	191	7.66
Zoutpansberg (Louis Trichardt)	3 349	5 540	659	15 982	441+385=	
		133 840	223	137 412	826	24.61
					2 432	30.85
					370	23.15
					1 028	7.48

TABLE 13 (Cont)

ESTIMATED SPANISH 'FLU DEATHS & DEATH-RATES
BY MAGISTERIAL DISTRICT: OFS

MAGISTERIAL DISTRICT	POPULATION				TOTAL DEATHS	DEATHS/ 1 000 OF POPULATION
	W(1918)	B(1911)	I&C(1911)	TOTAL		
Bethlehem/ Reitz	11 373	27 303	658	39 334	394+360= 754	19.17
Bethulie	3 449	2 968	742	7 159	91	12.71
Bloemfontein/ Brandfort/					1 580+ 154+53= 1 787	
Dewetsdorp	26 363	27 672	4 632	58 667	270	30.46
Boshof	7 141	5 860	2 671	15 672	129	17.23
Edenburg	2 952	3 254	800	7 006	169+225+ 182= 576	18.41
Fauresmith/ Jagersfontein/ Koffiefontein	8 825	13 145	3 319	25 289	172+100= 272	22.78
Ficksburg/ Fouriesburg	6 296	17 259	567	24 122	270	11.28
Frankfort	8 035	9 336	199	17 570	1 734	15.37
Harrismith	8 230	39 936	704	48 870	280	35.48
Heilbron	9 022	14 475	795	24 292	100	11.53
Hoopstad	6 440	7 215	1 129	14 784	39	6.76
Jacobsdal	1 737	955	1 071	3 763	229+25= 254	10.36
Kroonstad/ Bothaville	14 707	21 098	1 691	37 496	285	6.77
Ladybrand	7 775	16 935	966	25 676	383	11.1
Lindley	5 813	10 546	307	16 666	153	22.98
Philippolis	2 686	1 834	722	5 242	178+209= 387	29.19
Rouxville/ Zastron	7 322	8 507	764	16 593	434	23.32
Senekal	7 403	17 632	397	25 432	70	17.07
Smithfield	3 876	3 560	310	7 746	730	9.04
Thaba 'Nchu	3 007	23 608	1 108	27 723	588	26.33
Vrede	6 064	16 472	299	22 835	109	25.75
Vredefort/ Parys	9 865	7 920	559	18 344	169	5.94
Wepener	2 756	4 660	288	7 704	380	21.94
Winburg	10 219	23 133	2 446	35 798		10.62

Sources: UG 15-'19, Appendix C
: UG 36-'19, pp. 36, 75, 92, 115
: UG 15-'23 (Table V)
: UG 37-'19 (Table 2)

MAP 1

SPANISH FLU MORTALITY PER 1,000 OF POPULATION BY MAGISTERIAL DISTRICTS

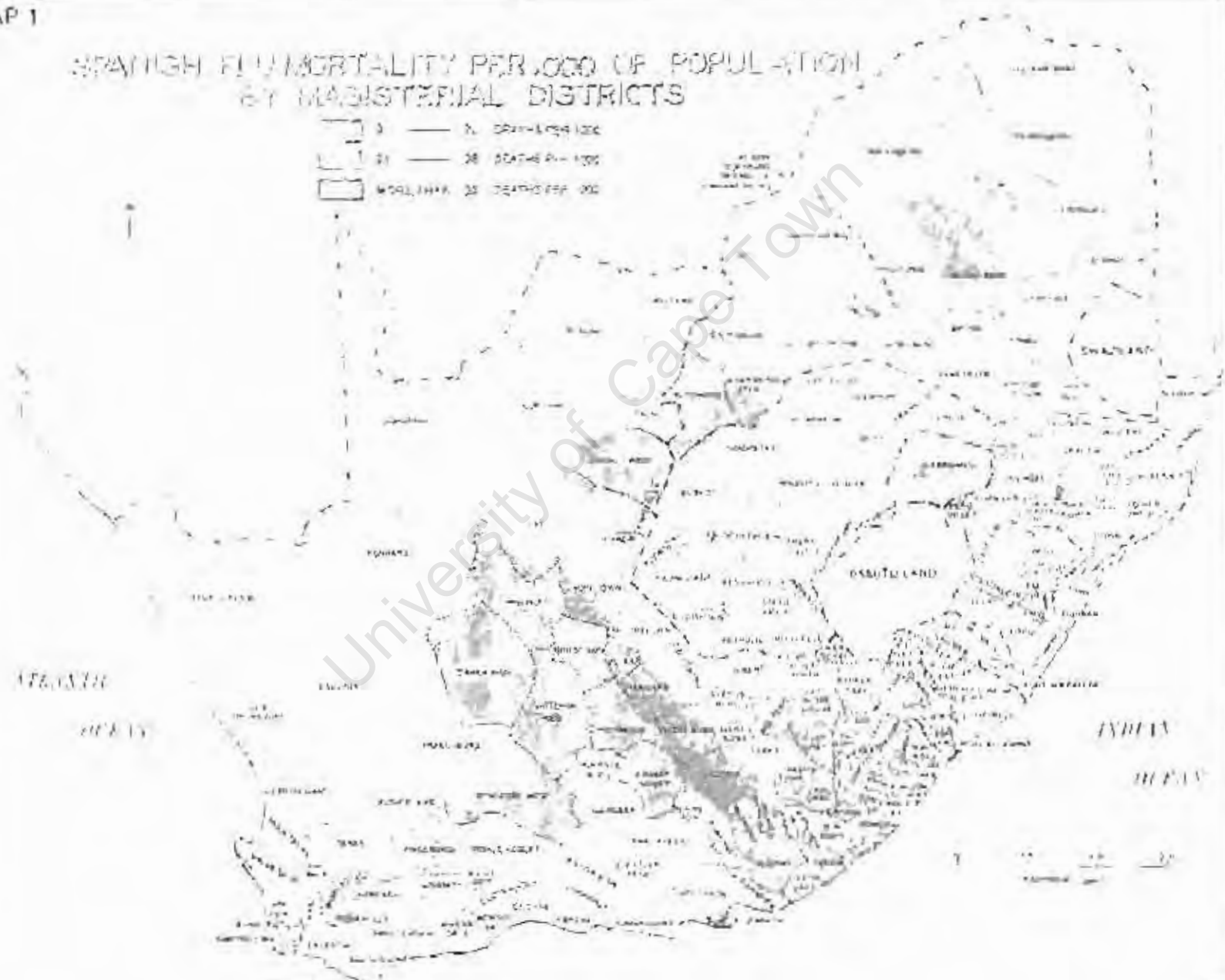
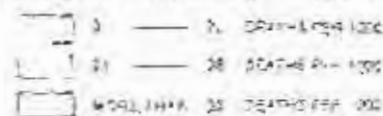


TABLE 14

(a) AGE-SEX INCIDENCE OF INFLUENZA AND PNEUMONIA MORTALITY
1/8/1918-31/12/1918 (REGISTERED DEATHS): WHITES

AGE GROUP	CAPE		NATAL		TVL		OFS		SA		
	M	F	M	F	M	F	M	F	M	F	ALL
0-	303	292	20	18	227	201	78	68	628	579	1 207
5-	43	61	3	4	28	44	17	15	91	124	215
10-	45	47	6	3	23	27	15	24	89	101	190
15-	210	137	17	16	71	52	48	29	346	234	580
20-	455	298	31	14	239	147	141	93	866	552	1 418
25-	1 316	716	107	52	729	384	442	260	2 594	1 412	4 006
35-	868	455	55	20	416	198	265	145	1 604	818	2 422
45-	297	212	17	11	157	79	69	62	540	364	904
55-	87	85	8	2	49	30	12	12	156	129	285
65-	61	39	3	5	17	26	7	18	88	88	176
75+	32	35	-	4	5	7	13	11	50	57	107
	3 717	2 377	267	149	1 961	1 195	1 107	737	7 052	4 458	11 510

Source: Official Year Book of the Union, no. 4 - 1921, p.205.

TABLE 14

(b) AGE-SEX INCIDENCE OF INFLUENZA AND PNEUMONIA MORTALITY
1/8/1918-31/12/1918 (REGISTERED DEATHS): BLACKS,
INDIANS AND 'COLOURED'S'

AGE GROUP	CAPE		NATAL		TVL		OFS		SA		
	M	F	M	F	M	F	M	F	M	F	ALL
0-4	4 074	3 079	386	397	494	499	-	-	4 954	3 975	8 929
5-9	916	938	118	150	99	114	-	-	1 133	1 202	2 335
10-14	661	688	59	101	104	102	-	-	824	891	1 715
15-19	1 036	1 082	69	126	293	156	-	-	1 398	1 364	2 762
20-24	1 999	1 643	205	132	850	230	-	-	3 054	2 005	5 059
25-34	4 835	2 822	236	319	2 387	464	-	-	7 458	3 605	11 063
35-44	2 660	1 404	308	129	1 153	206	-	-	4 121	1 739	5 860
45-54	1 152	599	135	61	276	78	-	-	1 563	738	2 301
55-64	381	260	54	17	70	36	-	-	505	313	818
65-74	189	164	18	12	18	22	-	-	225	198	423
75+	138	89	1	2	11	8	-	-	150	99	249
	18 041	12 768	1 589	1 446	5 755	1 915	-	-	25 385	16 129	41 514

Unspe-
cified
Ages

(1 819) (34) (10) (5) (5) (2) (1 834) (41) (1 875)

Source: Calculated from Official Year Book of the Union, no. 4 - 1921, p.205.

TABLE 14

(c) SPECIFIC DEATH-RATE FROM INFLUENZA AND
PNEUMONIA, 1/8/1918-31/12/1918: WHITES

SOUTH AFRICA			
AGE	M	F	ALL
0-4	6.5	6.28	6.39
5-9	0.95	1.33	1.14
10-14	1	1.16	1.08
15-19	6.28	3.95	5.07
20-24	15.83	8.6	11.93
25-34	24.43	12.98	18.64
35-44	15.82	9.82	13.18
45-54	7.6	6.58	7.15
55-64	4.14	4.33	4.23
65-74	5.28	6.06	5.64
75+	9.06	10.39	9.72

(From the above table, it is possible to conclude that 122.5 White males died in the epidemic for every 100 White females who died.)

Sources: Calculated from: Table 14(a)
: UG 37-'24, p.65 (Table XLVIII)

TABLE 14

(d) SPECIFIC DEATH-RATE FROM INFLUENZA AND PNEUMONIA,
1/8/1918-31/12/1918: BLACKS, INDIANS AND 'COLOURED'

(This table is based on even more deficient sources than the preceding tables. It is included only to provide an indication of the specific death-rate among the majority of the South African population.)

SOUTH AFRICA			
AGE	M	F	ALL
0-14	7.24	6.39	6.82
15-54	13.66	7.93	10.91
55+	6.24	3.56	4.77

(From the above table, it is possible to conclude that 151.79 Black, Indian and 'Coloured' males died in the epidemic for every 100 females of the same races who died.)

Sources: Table 14 (b)

: Official Year Book of the Union, no.4 - 1921,
p.154 (Table ii)

TABLE 15DEATHS REGISTERED 1911-1921: WHITES

	CAPE		NATAL		TVL		OFS		SA	
	M	F	M	F	M	F	M	F	M	F
1911	3 465	2 744	614	443	2 854	1 855	697	653	7 630	5 725
1912	3 409	2 854	569	407	2 843	1 890	806	664	7 627	5 815
1913	3 607	3 013	585	407	2 729	1 312	829	682	7 750	5 914
1914	3 344	2 706	630	413	2 675	1 808	742	579	7 391	5 506
1915	3 450	2 933	631	421	3 069	2 089	893	725	8 043	6 168
1916	3 554	2 965	654	471	3 136	2 177	794	634	8 138	6 247
1917	3 699	3 117	716	471	3 082	2 147	727	706	8 224	6 441
1918	7 058	5 062	1 002	575	4 923	3 190	1 819	1 334	14 802	10 170
1919	3 966	3 248	876	623	3 763	2 781	1 284	993	9 889	7 645
1920	4 012	3 340	873	573	3 573	2 467	960	836	9 418	7 216
1921	3 848	3 245	846	564	3 258	2 302	980	812	8 932	6 923

DEATHS REGISTERED 1911-1921: BLACKS, INDIANS AND 'COLOURED'S

	CAPE		NATAL		TVL		OFS		SA	
	M	F	M	F	M	F	M	F	M	F
1911	14 232	13 009	462	465	10 163	1 678	-	-	24 857	15 152
1912	15 183	14 240	1 180	943	9 207	1 803	-	-	25 570	16 986
1913	17 048	15 864	3 741	3 900	8 650	1 599	-	-	29 439	21 363
1914	15 499	14 139	4 554	4 428	6 024	1 587	-	-	26 077	20 154
1915	16 516	15 062	5 083	5 361	6 806	1 672	-	-	28 405	22 095
1916	17 412	16 578	5 164	5 436	5 781	2 005	-	-	29 357	24 019
1917	17 900	16 307	4 439	4 758	5 991	2 057	-	-	28 330	23 122
1918	39 139	36 765	13 232	14 188	10 907	3 658	-	-	63 278	54 611
1919	20 267	20 530	10 040	10 956	6 798	2 122	-	-	37 105	33 608
1920	19 631	17 807	9 052	9 624	7 461	2 542	-	-	36 144	29 973
1921	17 879	16 566	9 007	9 466	6 616	2 594	-	-	33 502	28 626

Source: UG 52-1929, p.9 (Table 19)

TABLE 16CRUDE DEATH-RATES, 1911-1921: WHITES*

	CAPE		NATAL		TVL		OFS		UNION	
	M	F	M	F	M	F	M	F	M	F
1911	11.48	9.85	11.63	9.64	12	10.03	7.37	8.07	11.11	9.65
1912	11.19	10	10.39	8.5	11.7	9.8	8.52	8.11	10.94	9.56
1913	11.72	10.42	10.32	8.17	10.9	9.03	8.75	8.23	10.95	9.5
1914	10.76	9.23	10.75	7.98	10.55	8.67	7.82	6.9	10.3	8.64
1915	11	9.88	10.42	7.84	11.86	9.65	9.39	8.54	11.05	9.46
1916	11.22	9.86	10.47	8.47	11.88	9.71	9.34	7.38	11.02	9.38
1917	11.57	10.24	11.12	8.18	11.45	9.26	7.62	8.13	10.99	9.46
1918	21.87	16.43	15.10	9.66	17.94	13.54	19.05	15.18	19.5	14.63
1919	12.21	10.38	12.94	10.05	13.57	11.28	13.33	11.17	12.91	10.76
1920	12.26	10.52	12.61	8.9	12.71	9.74	9.88	9.3	12.15	9.95
1921	11.67	10.09	11.96	8.46	11.43	8.36	10.01	8.94	11.4	9.37

* The absence of reliable year by year population figures for Blacks, Indians and 'Coloureds' makes the compilation of such a table for these races impracticable.

Source: UG 52-1929, p.9 (Table 20)

TABLE 17MORTALITY OF EACH SEX, 1911-1921

	CRUDE RATIOS (Number of registered male deaths to every 100 registered female deaths)									
	CAPE		NATAL		TVL		OFS		UNION	
	W	B,I,C	W	B,I,C	W	B,I,C	W	B,I,C	W	B,I,C
1911	124.9	109.4	138.6	99.4	153.9	605.7	106.7	-	133.3	164.1
1912	119.4	106.6	139.8	125.1	150.4	510.6	121.4	-	131.2	150.5
1913	119.7	107.5	143.7	96	150.6	541	121.6	-	131	137.8
1914	123.6	109.6	152.5	102.8	148	379.6	128.2	-	134.2	129.4
1915	117.6	109.7	149.9	94.8	146.9	407	123.2	-	130.4	128.6
1916	119.9	105	138.9	95	144.1	338.2	125.2	-	130.3	122.2
1917	118.7	109.8	152	93.3	143.5	291.2	103	-	127.7	122.5
1918	139.4	106.5	174.3	93.3	153.9	298.2	136.4	-	145.5	115.9
1919	122.1	98.7	140.6	91.6	135.3	320.4	129.3	-	129.4	110.4
1920	120.1	110.2	152.4	94.1	144.8	293.5	114.8	-	130.5	120.6
1921	118.6	108	150	95.2	141.5	255.1	120.7	-	129	117

Source: UG 52-1929, pp.9, 15 (Table 19 and 28)

TABLE 18

(a) Masculinity of White^{*} Population (i.e. number of White males to every 100 White females in same province), 1911 - 1936

	CAPE	NATAL	TRANSVAAL	OFS	SA
1911	107.17	115.07	129.0	117.08	115.92
1918 (including male absentees)	104.77	111.55	114.66	108.86	109.27
1921	102.55	106.2	109.76	107.71	106.05
1926	102.67	104.4	106.42	105.88	104.57
1931	101.85	103.51	105.58	104.08	103.67
1936	100.3	99.75	107.11	102.79	103.23

(b) % Increase (+) or Decrease(-) in masculinity of White^{*} Population per annum, 1911 - 1936

	CAPE	NATAL	TRANSVAAL	OFS	SA
1911-1918	-0.34	-0.5	-2.05	-1.17	-0.95
1918-1921	-0.74	-1.78	-1.63	-0.38	-1.07
1921-1926	+0.02	-0.36	-0.67	-0.37	-0.3
1926-1931	-0.16	-0.18	-0.17	-0.36	-0.18
1931-1936	-0.31	-0.75	+0.31	-0.26	-0.09

* The gap between censuses which included Blacks, Indians and 'Coloureds' is too great to make inclusion of masculinity figures for these races meaningful.

Source: UG 21-'38, p. 2 (Table 3).

TABLE 19

WIDOWHOOD/WIDOWERHOOD: % OF RESPECTIVE POPULATIONS

	WHITES			BLACKS			INDIANS AND 'COLOUREDS'			ALL RACES		
	MALE & FEMALE	FEMALE	MALE	MALE & FEMALE	FEMALE	MALE	MALE & FEMALE	FEMALE	MALE	MALE & FEMALE	FEMALE	MALE
1911	3.02	4.52	1.72	4.8	8.54	1.12	3.72	5.07	2.54	3.8	6.04	1.79
1921	3.68	5.41	2.05	5.41	9.31	1.62	4.35	5.45	3.35	4.48	6.72	2.34
1926	3.71	5.54	1.96	NO CENSUS						-	-	-
1936	4.14	6.32	2.02	5.58	9.78	1.41	4.04	5.32	2.84	4.59	7.14	2.09

Sources: UG 32c-1912, p. 354 (Table II)
: UG 32-'23, p.1 (Table 1)
: UG 40-'24, p.52 (Table 9)
: UG 39-'38, p.2 (Table 1), p.66 (Table 10), p.124 (Table 17)
: UG 50-'38, p.29 (Table 4)

TABLE 20PERCENTAGE AGE DISTRIBUTION 1911-1926:WHITES (per 100 of each sex)

AGE	1911		1921		1926	
	M	F	M	F	M	F
0-4	13.75	15.45	12.33	12.5	11.89	11.92
5-9	11.47	13.0	12.44	12.83	11.53	11.58
10-14	9.18	10.42	11.97	12.3	11.26	11.5
15-19	9.34	10.44	9.38	10.0	10.58	10.94
20-24	9.59	9.72	7.34	8.49	8.49	9.05
25-29	9.15	8.67	7.65	8.45	6.88	7.68
30-34	8.95	7.49	6.9	7.29	6.87	7.32
35-39	7.92	6.5	6.71	6.53	6.32	6.62
40-44	6.04	5.09	6.51	5.51	5.85	5.6
45-49	4.54	3.93	5.68	4.66	5.72	4.91
50-54	3.44	3.02	4.36	3.7	4.72	3.96
55-59	2.48	2.16	3.08	2.64	3.54	3.07
60-64	1.74	1.63	2.3	1.98	2.55	2.27
65-69	1.13	1.11	1.57	1.37	1.75	1.57
70-74	0.64	0.67	0.93	0.86	1.1	1.02
75+	0.63	0.69	0.82	0.87	0.94	0.98

Source: UG 4-'31, p.46 (Table XLVII)

(The influenza epidemic 'was responsible for a high mortality, especially among males, between the ages of 20 and 45 years - a period of life which normally has a low rate of mortality' - UG 33-'23, p.iii)

TABLE 21

INCREASE/DECREASE IN PERCENTAGE OF EACH
AGE-GROUP IN THE POPULATION: WHITES

AGE	1911-1921		1921-1926	
	M	F	M	F
0-4	-1.42	-2.95	-0.44	-0.58
5-9	+0.97	-0.17	-0.91	-1.25
10-14	+2.79	+1.88	-0.71	-0.8
15-19	+0.04	-0.44	+1.2	+0.94
20-24	-2.25	-1.23	+1.15	+0.56
25-29	-1.5	-0.22	-0.77	-0.77
30-34	-2.05	-0.20	-0.03	+0.03
35-39	-1.21	+0.03	-0.39	+0.09
40-44	+0.47	+0.42	-0.66	+0.09
45-49	+1.14	+0.73	+0.04	+0.25
50-54	+0.92	+0.68	+0.36	+0.26
55-59	+0.6	+0.48	+0.46	+0.43
60-64	+0.56	+0.35	+0.25	+0.29
65-69	+0.44	+0.26	+0.18	+0.20
70-74	+0.29	+0.19	+0.17	+0.16
75+	+0.19	+0.18	+0.12	+0.11

Source: Calculated from UG 4-'31, p.46 (Table XLVII)

('A further decrease [1911-1921] is evident in the proportions between 25 and 40 years - the ages most affected by military service and in 1918 by the influenza epidemic' - UG 37-'24, p.68.)

TABLE 22

PERCENTAGE AGE-DISTRIBUTION 1911-1921:
INDIANS & 'COLOURED'* (per 100 of each sex)

AGE	1911		1921		INCREASE/ DECREASE 1911-21	
	M	F	M	F	M	F
Under 5	14.38	16.62	13.88	15.35	-0.5	-1.27
5-14	23.29	25.13	26.32	27.76	+3.03	+2.63
15-24	18.35	20.62	16.94	19.38	-1.41	-1.24
25-34	18.22	15.79	14.02	14.42	-4.2	-1.37
35-44	12.1	9.76	12.81	10.26	+0.71	+0.5
45-54	7.11	6.06	8.49	6.58	+1.38	+0.52
55-64	3.79	3.41	4.45	3.55	+0.66	+0.14
65-74	1.82	1.64	2.02	1.68	+0.2	+0.04
75+	0.84	0.88	0.92	0.87	+0.08	-0.01

* The age-classification of Blacks in the 1921 census is in such broad categories that changes in the age-groups hardest hit by the 'flu epidemic cannot be distinguished.

Source: Calculated from UG 37-'26, p.88 (Table LXIII).

('The mortality among the Cape Coloured population of the Cape Province during the influenza epidemic was very serious, especially in early adult life, and this no doubt largely accounts for the decreases in ages from 15 to 34 years' - UG 37-'24, p.88.)

TABLE 23BIRTH-RATES 1911-1921: WHITES^x

YEAR	TOTAL NO OF BIRTHS	BIRTH-RATE/ 1 000 OF POP.
1911	41 200	32.2
1912	42 014	32.2
1913	42 138	31.7
1914	40 886	30.2
1915	40 471	29.3
1916	41 196	29.3
1917	40 722	29
1918	41 582	28.6
1919	39 724	26.9
1920	43 445	29
1921	43 302	28.4

^x The compilation of such a table for Blacks, Indians and 'Coloureds' is impracticable because (i) births among these races were not registered in the OFS and (ii) reliable year by year intercensal population figures for them are lacking.

Source: Union Statistics for 50 Years, p.B-3.

TABLE 24NATURAL INCREASE RATE 1911-1921: WHITES^x

YEAR	INCREASE RATE
1911	21.75
1912	21.89
1913	21.41
1914	20.66
1915	19.03
1916	19.09
1917	18.73
1918	11.42
1919	15.03
1920	17.88
1921	18.03

Source: UG 52-1929, p.6 (Table 10)

^x The absence of figures for Black and 'Coloured' births in the OFS and the lack of reliable intercensal population figures for these races make the compilation of such a table for these races impracticable.

TABLE 25AVERAGE ANNUAL % OF INCREASE IN POPULATION 1904-1936

PERIOD	WHITE	BLACK	'COLOURED'	INDIAN	WHOLE POPULA- TION
1904-1911	2.03	2.16	2.58	3.48	2.2
1911-1921	1.92	1.69	0.38	0.76	1.6
1921-1936	2.11	2.69	2.74	2.29	2.56

Source: Calculated from census figures in Union Statistics for 50 Years, pp.A-3, A-4, A-5.

TABLE 26

PROMINENT YOUNG SPANISH 'FLU VICTIMS

NAME	AGE AT DEATH	ATTAINMENT (S)	SOURCE
* Dr D M Barry	33	Superintendent Pretoria Hospital	<u>S A Medical Record</u> , 9/11/1918, p.324.
H C Becker	47	MLA for Ladismith; Chief Government Whip	<u>Die Brandwag</u> , 25/1/1919, p.253.
A J van Rooyen Boshoff	32	MPC for Frankfort	<u>SA Who's Who 1919-20</u> , p.19; <u>OFS: Votes and Proceedings of Provincial Council, 1919</u> , pp.1, 3; Office of the Master of the Supreme Court, Bloemfont- tein: Death Notice B.4510.
F H Dormehl	47	General Manager Nasionale Pers; Di- rector SANTAM and African Homes Trust	<u>Die Huisgenoot</u> , October 1918, p.502; <u>Dictionary of S A Biography</u> , III, p.236.
E Guma	25	Author	<u>St Cuthbert's Mission - Report for 1918</u> , p.17; <u>St Matthew's College Magazine</u> , no. 17, April 1919, pp.10-11; <u>Cowley Evan- gelist</u> , July 1919, pp.128-32; <u>G Callaway: SA from Within</u> (London, 1930), pp.54-58.
J P Johnson	37	Geologist, archaeo- logist	<u>South Africa</u> , 1/3/1919, p.352.
Adv C Friedlander	43	Chairman of Munici- pal Finance Committee, Cape Town, 1903-1906	<u>South Africa</u> , 28/12/1918, p.514; <u>Cape Times</u> , 18/10/1918.
Capt T Maginess	40	Vice-President South African Labour Party; MLA for Liesbeek, 1914-1915	<u>South Africa</u> , 30/11/1918, p.339; <u>SA Who's Who 1919-20</u> , p.130; <u>Cape Times</u> , 23/10/1918, p.6.
Dr G F Marais	33	State Veterinarian	<u>Die Huisgenoot</u> , July 1919, pp.65-6.

* 35 or more doctors died in the epidemic in South Africa (S A Medical Record, 28/12/1918, p.373); this represents nearly 2% of all doctors registered in the Union in January 1918 (Official Year Book of the Union, no. 4 - 1921, p.251).

TABLE 26 (Cont)

brothers {	Prof W B M Martin	35	Professor of Pathology, UCT	<u>S A Medical Record</u> , 26/10/1918, p.312; J H Louw: <u>In the Shadow of Table Mountain</u> (Cape Town, 1969), p.116 note 4.
	Major F Muller	38	Cape SAP Organising Secretary	<u>Ons Land</u> , 15/10/1918, p.2.
	Ds Dr T B Muller	34	Theologian, philosopher, Afrikaner nationalist	<u>Die Huisgenoot</u> , December 1918, pp.558-559; <u>Dictionary of SA Biography</u> , I, pp.571-573; B B Keet and G Tomlinson: <u>Tobie Muller</u> (Cape Town, 1925).
	Adv R Norman	39	Eminent authority on South African law	<u>South Africa</u> , 2/11/1918, p.185; <u>The Star</u> , 11/10/1918, p.10.
	J Reitz	37	Author and poet (died in third wave of epidemic, August 1919)	<u>Dictionary of SA Biography</u> , IV, pp.494-5; <u>Standard Encyclopaedia of South Africa</u> , vol. 9, p.279.
	C J L Ruysch van Dugteren	39	Co-editor of 'Die Huisgenoot'	<u>Dictionary of SA Biography</u> , II, pp.610-11.
	Morris Sandwick	24	Singer	<u>South Africa</u> , 28/12/1918, p.514; <u>Cape Argus</u> , 30/10/1918, p.6.
	Lt Col Dr G H van Zyl	42	Officer Commanding, Maitland Mil Hosp	<u>S A Medical Record</u> , 26/10/1918, p.312.
	Adv R H Walker	39	Editor of 'Monthly Law Reports' for Eastern Districts of Supreme Court	<u>Grocott's Penny Mail</u> , 25/10/1918, p.5; <u>St Andrew's College Magazine</u> (Grahamstown), December 1918, p.157.
	J H Wium	37	MPC for Kroonstad East	<u>South Africa</u> , 28/12/1918, p.501; <u>SA Who's Who 1919-20</u> , p.225; <u>OFS: Votes and Proceedings of Provincial Council</u> , 1919, pp.1, 3.
	Dr F A Wille	39	Senior Honorary Physician, Johannesburg Hospital	<u>S A Medical Record</u> , 9/11/1918, p.326

TABLE 27

ESTIMATES OF SPANISH 'FLU MORTALITY/1 000
OF POPULATION: SELECTED COUNTRIES

COUNTRY	SPANISH 'FLU MORTALITY/ 1 000 OF POPULATION	SOURCES
Western Samoa	220-250	Crosby, p.236 ; Beveridge, p.31.
India	62	Davis cited in Schultz, p.64.
Gambia	56.4	Great Britain: Ministry of Health Report, p.374.
Gold Coast	40	Patterson, p.496.
Senegal	37.5	Patterson, p.501.
Basutoland	37.1	Great Britain: Ministry of Health Report, p.367.
Madagascar	35	Collier, p.306.
Fiji	31	Crosby, p.232.
Nigeria	30	Patterson, p.501.
Southern Rhodesia	27.3	Great Britain: Ministry of Health Report, p.367; Phimister, p.144.
Mexico	23	Collier, p.306.
South Africa	22.8	Table 11 above (based on mortality of 139 471 in population of 6 118 933. If a toll of c.300 000 in a population of 6 822 944 is accepted, the mortality rate/1 000 of population would be 43.97).
Bechuanaland	22.3	Central Archives: GG 924, file 33/1052, Resident Commissioner, Mafeking to High Commissioner, 15/11/1918; Medical Report on the Influenza Epidemic in the Bechuanaland Protectorate by Principal Medical Officer, 12/11/1918; UG 15-'23, p.71 (Table XIV).
Guatemala	22	Collier, p.306.
Chad	21.4	Hartwig and Patterson, p.141.
Dutch East Indies	16	Collier, p.306.
Tanganyika	16	Iliffe, p.270; Kaniki, pp.314, 324.
Swaziland	12.6	Great Britain: Ministry of Health Report, p.367; UG 15-'23, p.71 (Table XIV).

TABLE 27 (Cont)

Philippine Islands	12.1	Graves, p.160.
Chile	11	Collier, p.306.
Ireland	10.7	Graves, p.56.
Italy	10.6	Collier, p.306.
Germany	9.2	Graves, pp.61, 63.
Spain	6.3	Graves, p.69.
New Zealand	6.08	Rice, p.114.
Switzerland	5.5	Burnet and Clark, p.74.
USA	5.5	Crosby, p.207.
Japan	4.3	Graves, p.96.
England and Wales	4.3	Burnet and Clark, p.74.
Scotland	3.6	Burnet and Clark, p.74.
Australia	2.3	Burnet and Clark, p.74.

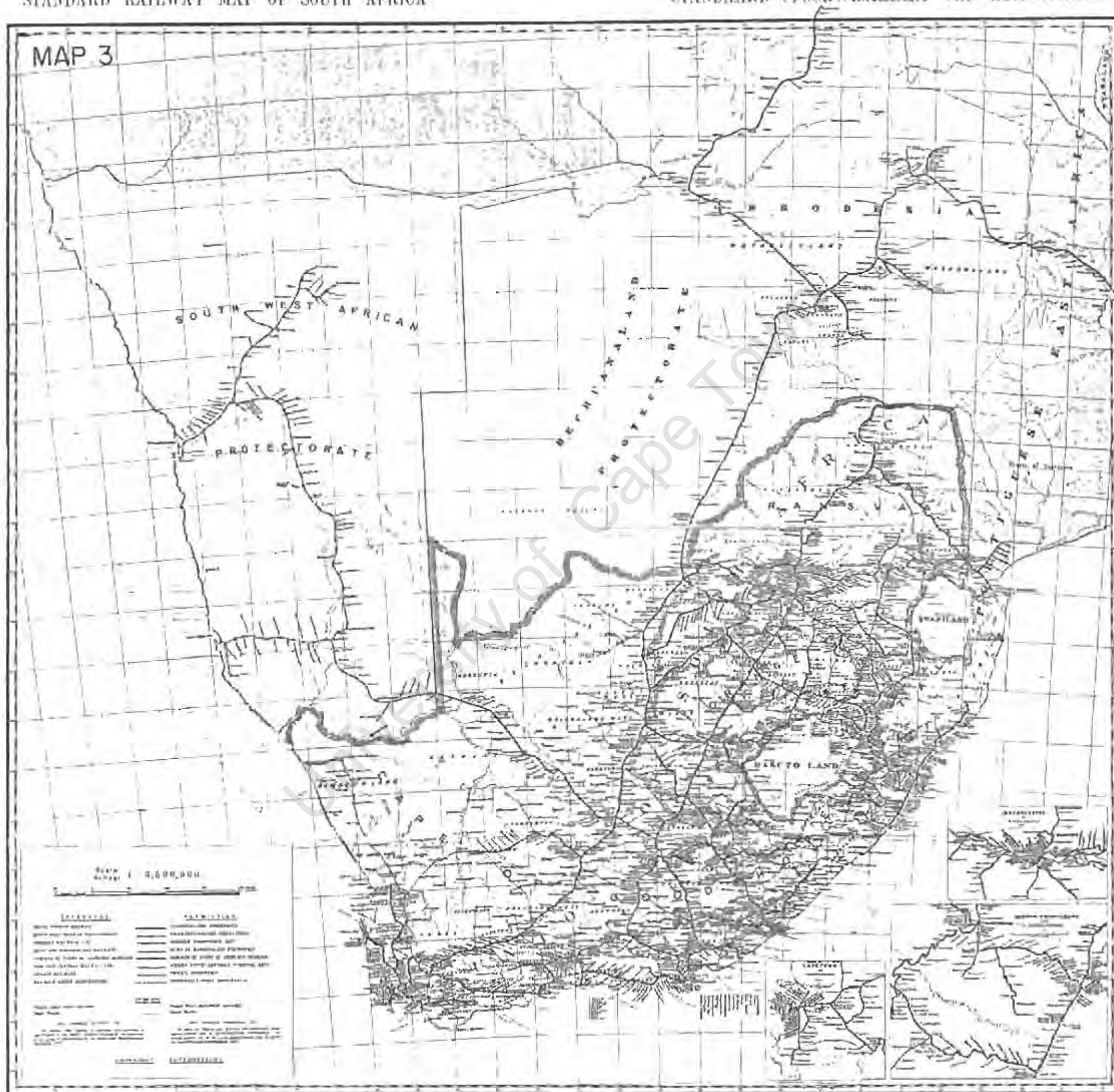
- Sources: W I B Beveridge: Influenza: The Last Great Plague (London, 1977).
- : F Burnet and E Clark: Influenza (Melbourne, 1942).
 - : R Collier: The Plague of the Spanish Lady (London, 1974).
 - : A W Crosby: Epidemic and Peace, 1918 (Westport, 1976).
 - : K Davis: The Population of India and Pakistan quoted in T W Schultz: Transforming Traditional Agriculture (New Haven and London, 1964).
 - : C Graves: Invasion By Virus: Can it happen again? (London, 1969).
 - : Great Britain: Ministry of Health Reports on Public Health and Medical Subjects. No. 4 - Report on the Pandemic of Influenza 1918-19 (London, 1920).
 - : G W Hartwig and K D Patterson (eds): Disease in African History (Durham, NC, 1978).
 - : J Iliffe: A Modern History of Tanganyika (Cambridge, 1979).
 - : M H Kaniki (ed): Tanganyika Under Colonial Rule (London, 1980).
 - : K D Patterson: 'The Influenza Epidemic of 1918-19 in the Gold Coast' in Journal of African History, vol. 24 (1983).
 - : I Phimister: 'The "Spanish" Influenza Pandemic of 1918 and its Impact on the Southern Rhodesian Mining Industry' in Central African Journal of Medicine, vol. 19 (1973).
 - : G Rice: 'Christchurch in the 1918 Influenza Epidemic' in New Zealand Journal of History, vol. 13 (1979).

MAP 2

Railways and Ports. C. 1918



MAP 3



CHAPTER 10

THE IMMEDIATE AFTERMATH

As the epidemic waned during November, the country was gradually able to take stock of the enormous upheaval it had produced and consider how best to handle the urgent problems it had left behind in its wake.

Of all of these, the question of caring for the orphans and widows the epidemic had created was one of the most pressing. It is impossible to say how many thousand children were orphaned altogether: figures in the Influenza Epidemic Commission's Report admit of no such analysis and such statistics as are available from other sources almost certainly refer to White children only, and then exclusively to those who came to the attention of the churches, charity organizations and orphanages.¹

As a temporary measure, many of the White orphans were cared for by relatives and friends. Together with mothers widowed by the 'flu, these were given financial assistance for the upkeep of the orphans by emergency relief funds set up during the epidemic,² charity and welfare bodies or local and provincial authorities.³

1. OFS Archives: MBL 4/3/1/40, file 101/1/17, Mayor of Bloemfontein to Viscount Buxton, 5/11/1918; PAS 926, file 3705 no. 1, Memorandum on 'flu orphans in OFS orphanages, 1919(?); DRC Archives, Cape Town (hereafter DRC, CT): S13, file 2a/1, Inwendige Zending Kommissie to Minister of Education, 7/5/1919; Cape Argus, 30/10/1918, p.5; De Burger, 31/10/1918, p.3; De Koningsbode, January 1919, p.1; E v.d. Schyff: 'Die Rol van die NGK in die Inisiëring van Maatskaplike - en ander Dienste in die Kaapse Skiereiland 1844-1937' (Unpublished D.Phil. thesis, University of Pretoria, 1977), p.124.
2. See ch. 2, pp.72f, ch. 3, p.97, ch. 4, p.134 and N D Southey: 'A Period of Transition - A History of Grahamstown 1902-1918' (Unpublished MA thesis, Rhodes University, 1984), p.181.
3. Union of South Africa: Report of the Under-Secretary for Education for 1918, Part I, UG 41-1919, p.49.

This support could not continue indefinitely however, for these sources were limited. Yet, existing orphanages were far too small to cope with such numbers: for instance, after taking in 91 'flu orphans in 1919,⁴ the Langlaagte Orphanage had to close its doors to 93 more for want of space.⁵ Dramatically and irrefutably, the epidemic had shown up the gross inadequacy of existing means of providing for orphans in South Africa.

Early in 1919 the Central Government tried to ease this dire situation by making grants to five existing orphanages to enable them to extend their accommodation,⁶ but it was the churches and certain sectors of the public service that took really bold initiatives. Especially anxious that Afrikaner orphans should be placed in institutions where their religious, cultural and national identity would not be jeopardized, the Dutch Reformed Church (DRC) in all four provinces launched special 'Griepwese' Funds to provide suitable accommodation. The matter was 'een volkzaak', wrote one DRC journal, and went on:

'De hulpeloze kleinen zijn been van ons been en vlees van ons vlees. Zij zijn ons eigen volk, en staan daar voor onze rekening: en hoe durven wij 't toelaten dat een deel van ons volk in vreemde handen vallen zal?... 't Zal tot nagedachtenis een eeuwige schandvlek in onze geschiedenis wezen.'⁷

At all costs, these orphans must not be lost to Afrikanerdom. They had to be saved from ending up in 'Roomse'⁸ or 'imperialistiese'⁹ institutions where their Afrikaner identity would be lost

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4. S M N Brönn: 'n Sosiologies-Opvoedkundige Studie van die Abraham Kriel Kinderhuis' (Unpublished MA thesis, University of Pretoria, 1941), p.37.
 5. Transvaal Archives, Pretoria: TPS 3, file 2/1969 Part 1, Superintendent Langlaagte Orphanage to Administrator, 9/12/1919.
 6. UG 41-1919, p.49; Union of South Africa: Finance Accounts, Appropriation Accounts, Loan Funds and Miscellaneous Funds... Financial Year 1918-19 with the Report of the Controller and Auditor-General, UG 49-'19, p.190.
 7. Onze Kerk, February 1919, pp.13-15.
 8. De Burger, 13/11/1918, p.2 (Letter from ACVV lid, Carnarvon); Die Ebenezer, 1/11/1918, p.9; De Kerkbode, 13/2/1919, p.152.
 9. Ons Vaderland, 8/11/1918, Editorial.

forever. Nor must they be allowed to sink into Poor Whiteism and 'in handen te laten vallen van mensen, die ze weldra niet meet als kinderen, doch als bedienden gaan beschouwen en behandelen'.¹⁰ These 'flu orphans, urged the Cape DRC,

'is onze verantwoordelijkheid, onze roeping, onze verplichting, en ook [is dit] ons voorrecht voor deze kinderen op te komen.... Het geroep der kinderen wordt door het land gehoord. 't Is een NOOD-geroep. In de naam van alles wat ons dierbaar en heilig is, laat ons opstaan en iets doen!' ¹¹

The response to these stirring and emotive appeals for funds was overwhelming. Among them the four churches raised over £120 000 within two years,¹² and then organisations such as Helpmekaar¹³ and the Afrikaanse Christelike Vrouevereniging¹⁴ made separate contributions to individual DRC orphanages too. 'Het volksgemoed was getroffen,' exulted the Cape Synod, 'de Kerk was aangegrepen,' en het schijnbaar onmogelijke is geschied!'¹⁵

The money thus collected was used to enlarge existing DRC orphanages, to found seven new orphanages and to help the energetic dominee of Ugie in establishing a large, non-denominational orphanage in his village.¹⁶ Without doubt, the 'flu epidemic had

10. De Volkstem, 3/12/1918, p.3.

11. DRC, CT: S13, vol. 1/1, p.69.

12. Handelingen van de XXIV Synode van de NGK in Zuid Afrika, 1919, pp.48-49 (Bijlage C); 27ste Vergadering van die Hoog-Eerw.-Sinode van die NGK in die Oranje Vrystaat, 1922, pp.168, 211; Handelingen van de 13de Synode der NH of GK van Zuid Afrika, 1922, p.231; Notulen der 49ste Alg Kerkvergadering van de NGK van Natal, 1920, p.43.

13. De Burger, 5/5/1919, p.3.

14. Die Huisgenoot, April 1919, p.706.

15. Handelingen van de XXIV Synode van de NGK in Zuid Afrika, 1919, p.44.

16. DRC, CT: S13, file 26/3/1, Rapport over de Werkzaamheden van de Kommissie voor de Algemene Armezorg, Julie 1919-Des. 1920; S13, vol. 1/1, p.61; V4, vol. 1/3, pp.124-6, 140; Handelingen van de XXIV Synode van de NGK in Zuid Afrika, 1919, p.45; 27ste Vergadering van ... die NGK in die OVS, 1922, p.211; Handelingen van de 13de Synode der NH of GK van Zuid

caused the DRC to raise its capacity to care for orphans onto a completely new plane. 'De epidemie heeft ons wakker geschud', rejoiced De Kerkbode. 'De Kerk gevoelt, dat het voortaan niet geschieden moet dat er een van onze verwaarloosde kinderen zal zijn, dat op de genade van anderen geworpen wordt.'¹⁷

Other denominations were equally anxious to ensure that orphans of their faith were not lost to them, but their efforts were on a far smaller scale. The Hervormde Kerk was able to open a small orphanage of its own in 1923,¹⁸ but the Gereformeerde Kerk chose instead to utilize its 'Griepwese' Fund to subsidize the maintenance of its orphans who were placed either with Gereformeerde families or in DRC orphanages.¹⁹ The Presbyterian Church used the contributions to its special Orphanage Fund Appeal to extend its orphanage in Queenstown,²⁰ while the Anglican St John's Hostel, which was opened in Cape Town in November 1918, immediately undertook to double its capacity so as to accommodate a number of 'flu

Afrika, 1911, p.252; Notulen der 49ste Alg. Kerkvergadering van de NGK van Natal, 1920, pp.39-40, 43; Notulen der 50ste Alg. Kerkvergadering van de NGK van Natal, 1921, pp.50,53; De Koningsbode, October 1919, p.208; M T S Zeeman: Die Armesorgwerk van die NGK in Suid-Afrika (Bloemfontein, 1957), pp.44, 187; L L N Botha: Die Maatskaplike Sorg van die NGK in Suid-Afrika 1928-1953 (n.p., 1957), p.151; A P Smit: Die Abraham Kriel-Kinderhuis 1902-1952 (Johannesburg, 1952), pp.57-58; A Dreyer: Jubelfees-gedenkskrif van Die Kindersendinghuis, Kaapstad 1882-1932 (Cape Town, 1932), p.26; M T R Smit: Gedenkalbum NGK Ugie 1903-1953 (Bloemfontein, 1953), pp.116-125; M T R Smit: The Romance of a South African Village (Cape Town, 1936?), pp.93-97.

17. De Kerkbode, 13/2/1919, pp.152-153.
18. Standard Encyclopaedia of South Africa, vol. 8 (Cape Town, 1973), p.129.
19. J H Coetzee: Die Barmhartigheidsdiens van die Gereformeerde Kerk in Suid-Afrika 1859-1949 (Potchefstroom, 1953), p.225; Het Kerkblad, 1/4/1919, p.4.
20. Presbyterian Churchman, October 1919, p.119; Presbyterian Church of South Africa - Proceedings of 20th General Assembly, 1919, p.30; Presbyterian Church of South Africa - Proceedings of 23rd General Assembly, 1922, p.127.

orphans.²¹ Also in Cape Town, the Cape Jewish Orphanage launched a special building fund to pay for extensions to house Jewish 'flu orphans.²²

The churches were not alone in seeking to provide for their own 'flu orphans. For several years before 1918 employees of the South African Railways and Harbours, the South African Police and the Post Office had been discussing the need to provide care for the children of their White members who died, but little had been done. At a stroke the epidemic changed this: it 'devastated our ranks in so lamentable a degree', wrote the Police journal, 'that the great need of such a Fund was brought home to every one of us.'²³ A Post Office Widows' and Orphans' Benevolent Fund was begun in December 1918²⁴ and early the following year the SAR & H Children's Home Fund was formally launched among members of that service.²⁵ A Police Orphans' Fund followed in 1920.²⁶

In May 1920 the foundation-stone of the first SAR & H Children's Home was laid in Bloemfontein²⁷ and by 1926 six more such orphanages had been opened around the country.²⁸ The Police Fund, on the other hand - it amounted to more than £18 000 by 1920²⁹ - was

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21. University of the Witwatersrand Library, Historical and Literary Papers Division, CPSA Archives: File on St John's Hostel, Leaflet dated November 1918; St John's Hostel, Cape Town (Cape Town, 1946), p.5.
 22. E Rosenthal: The Story of the Cape Jewish Orphanage (Cape Town, n.d.), p.9; Cape Times, 11/8/1932.
 23. The Nongqai, July 1919, p.296.
 24. South African Postal and Telegraph Herald, December 1918, p.62.
 25. SAR & H Magazine, April 1919, p.224.
 26. The Nongqai, September 1920, pp.424-426.
 27. SAR & H Magazine, June 1920, p.444.
 28. Cape Times, 7/6/1927.
 29. The Nongqai, November 1920, p.546.

not used to establish an orphanage, but was directed at assisting individual police widows and their children.³⁰ The Post Office Fund operated on similar lines.³¹

From its side, the Central Government (through a clause in the new Public Health Act) provided for the maintenance by Provincial Administrations of all 'flu orphans resident in approved institutions.³² Initially, the subsidy was fixed at £3 per child per month, but in 1923, in the face of financial stringency, this sum was reduced by 10/-.³³

Most White 'flu orphans who had lost both parents but could not be accommodated in an orphanage were adopted, either formally or informally, by relatives, friends or well-meaning strangers. (The Cape Argus even arranged for one thirteen-month old infant to be taken in by a foster-mother, money for her upkeep coming from contributions by readers of its 'Children's Corner' column³⁴.) In general, few orphans would have found adjustment easy or painless. 'I was taken in [by relatives] as their child', recalled one woman in 1965. 'My [four] brothers and sisters were scattered. We never got together again.'³⁵

Information as to what happened to the many thousands of 'Coloured', Black and Indian 'flu orphans is far scantier, a reflection, no doubt, of the limited official and institutional attention paid to them. A considerable number seems to have been 'indentured' as domestic servants or farmhands to replace those who had died

30. The Nongqai, September 1920, pp.424-426.

31. South African Postal and Telegraph Herald, December 1918, p.62; October 1919, p.43.

32. Act 36 of 1919, section 49.

33. OFS Archives: PAS 544, file 1222 Part 2, Memorandum on Orphanages, 3/7/1925.

34. Cape Argus, 21/12/1918, p.12; 28/12/1918, p.11; 1/2/1919, p.13. A similar suggestion was mooted by the New True Templar (November 1918, p.3), but the outcome of this proposal is not known.

35. Evening Post, 28/8/1965, Weekend Magazine, p.1 (Letter from 'Trixie'). For another example of how the death of both parents in the epidemic broke up a large family, see Collier Collection: Letter from Mrs H Coetzer (née van Niekerk), 8/6/1972.

in the epidemic.³⁶ A few were accepted by the small number of orphanages which admitted children of these races, but their capacity was very limited. Nor do they seem to have been significantly extended in the wake of the epidemic and apparently no more than three new orphanages were established: a Methodist orphanage for Indians in Durban³⁷ and two for 'Coloureds' in Cape Town, the one Catholic,³⁸ the other Anglican.³⁹ A suggestion that the DRC raise funds for a new orphanage for 'Coloureds' did not gain adequate support,⁴⁰ despite warnings that this would mean that many a 'Coloured' orphan would fall into 'Roomsche en Slaamsche handen....'⁴¹ As for Blacks, the only evidence is a letter to the Governor-General from the pastor of the Church of God and Saints of Christ appealing for a contribution for an orphanage for Black 'flu orphans to be started at Cala. Viscount Buxton sent £1.⁴²

Probably, the vast majority of 'Coloured', Black and Indian orphans

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36. DRC, CT: S13, file 17c/1, Mrs B S van Soelen to ds Luckhoff, 2/4/1919; S5, file 13/5/1, Replies from Paarl and from Vredenburg; OFS Archives: MBL 4/3/1/75, file 161/2/15, L A Visagie to Stadsklerk Bloemfontein, 9/3/1919; UCT Library, Manuscripts Department: BZA 83/30 (Abdurahman Family Papers), Box 1 folder Mrs E E Catherine to Dr Abdurahman, 30/6/1919; Cape Times, 30/11/1918, p.3.
 37. Wesleyan Methodist Church of South Africa: 37th Report of South African Missionary Society, p.24.
 38. Catholic Magazine for South Africa, June 1919, p.285; November 1919, p.520; UCT Library, Manuscripts Department: BZA 83/30 (Abdurahman Family Papers), Box 1 folder 1; Community Chest of the Cape Peninsula, 1930 (pamphlet), p.8.
 39. Cape Times, 2/5/1933; 3/5/1935; Cowley Evangelist, March 1919 pp.58-59; UCT Library, Manuscripts Department: BZA 83/30 (Abdurahman Family Papers), Box 1 folder 1; Community Chest of the Cape Peninsula, 1930, p.12.
 40. DRC, CT: S5, file 13/5/1, Replies to Questionnaire, November 1918. However, it does seem that the existing Uitkomst Orphanage was re-located in larger premises (S5, vol. 1/2/3, pp.176, 179, 184).
 41. De Kerkbode, 2/1/1919, p.9.
 42. Central Archives, Pretoria: GG 99, file 3/3106, S Matshaka to High Commission [sic], 11/3/1920.

were simply absorbed by their extended families. Among the Tswana, 'orphan children are always cared for by their relations', reported the Resident Commissioner of Bechuanaland. 'There is never any reluctance to adopt orphans: on the contrary they are regarded as a sort of inheritance and if there is any dispute about it it would be between persons claiming the right to them.'⁴³ Describing a similar attitude among 'Coloureds', a minister of the DRC Mission Church commented tersely, 'Onze gekleurden zijn in dit opzicht getrouwer dat wij blanken.'⁴⁴

For those orphans lacking family or friends to take them in, the prospect was bleak. Indicting a young 'Coloured' boy for theft in March 1919, a Cape Town prosecutor said he was:

'...one of dozens of boys of his age who roam the city and sleep anywhere....He is a "flu remnant". He has no home, and does not know what has become of his parents. He does not know his age or his proper name, and has no surname, so far as he knows. He and others sleep under the Pier, in the old boxes, and in railway compartments, first-class preferred, when the opportunity offers. He looks half starved and eats garbage, or whatever he can get hold of, and says he has never been to school.'

The presiding magistrate found the boy guilty and sent him to a reformatory for four years.⁴⁵

In striking contrast, it would seem that, insofar as providing orphanage facilities for Whites was concerned, the influenza epidemic wrought the single greatest advance in the history of child welfare in South Africa.

The epidemic also made it clear that the advocates of pensions for widowed mothers had a strong case. Here was 'a glaring example of

43. Central Archives: GG 924, file 33/1052, Resident Commissioner, Mafeking to High Commissioner, Pretoria, 15/11/1918. See too OFS Archives: MBL 4/3/1/75, file 161/2/15, Stadsklerk en Thesaurier to L A Visagie, 1/5/1919; L H Gann: A History of Southern Rhodesia (New York, 1969), p.227.

44. DRC, CT: S5, file 13/5/1, Reply from eerwaarde R H van Heerden, Prieska. See too replies in this file from ministers of Calvinia, Middelburg, Graaff-Reinet and De Aar.

45. Cape Argus, 6/3/1919, p.6.

the need of altering the law so that State money which is payable to foster-mothers may be payable instead to real mothers who are willing and able to do their work', argued the Cape Argus.⁴⁶

While the authorities debated the merits of the case, the DRC again took the initiative in its anxiety to save 'flu orphans from Poor Whiteism and its consequences. Between 1919 and 1924 the Cape DRC gave financial assistance to at least 45 'flu widows so that they could bring up their children themselves at home.⁴⁷

This principle of mother-and-child pensions was subsequently adopted in the 1921 amendment to the Children's Protection Act.⁴⁸

Yet, it would be erroneous to conclude that every White family reduced to indigence by the death of its breadwinner was completely taken under the wing of a Church or a private charity. In reporting an increase in the number of appeals for free medical treatment or poor relief in 1919, several magistrates mentioned that this was 'as a result of the death of wage earners during the influenza epidemic'.⁴⁹ In the Barkly East District, most of the paupers on the roll were 'a couple of families who lost the breadwinner through influenza in 1918', reported the local magistrate, 'the mothers being too weak or diseased to support themselves or children.'⁵⁰ In larger centres such as Cape Town and Port Elizabeth, magistrates were compelled to board out children of destitute 'flu widows who could not support them.⁵¹ Even better-off families

46. Cape Argus, 19/10/1918, p.5.

47. DRC, CT: S13, file 17c/1, Reports of the Sub Kommissie over Ondersteuning ten behoeve van Griep Weduwes, 1920-1922; S13, vol. 1/1, pp.73, 84, 157; S13, file 26/3/1, Rapport over de Werkzaamheden van de Kommissie voor de Algemene Armezorg, Julie 1919-Des 1920; Handelingen van de XXV Synode van de NGK in Zuid-Afrika, 1924, p.85; E van der Schyff: 'Die Rol van die NGK...', pp.123, 172.

48. Act 26 of 1921, section 11.

49. Central Archives: J 190, file 1/307/19, Annual Report of Magistrate of Mossel Bay, 1919. See too J 274, file 1/307/19, Annual Reports of Magistrates of Somerset East and of Sutherland, 1919.

50. Central Archives: J 190, file 1/307/19, Annual Report of Magistrate of Barkly East, 1919.

51. Central Archives: J 190, file 1/307/19, Annual Reports of Magistrates of Cape Town and of Port Elizabeth, 1919.

found themselves in difficulty as a result of the death of their breadwinner. For instance, in Cape Town it was discovered that in the wake of the 'flu, overcrowding had increased because many of these families had had to move to smaller homes or to take in boarders to make ends meet.⁵²

The inadequacy of the existing system of poor relief was obvious, but only in the Cape was a limited attempt made to improve the situation by putting charitable organizations onto a sounder financial footing via a £ for £ provincial subsidy and by providing for special poor relief to be made available in emergencies.⁵³ Because of the epidemic 'it has become absolutely necessary to immediately pass [such] legislation', explained the Administrator.⁵⁴

In rural areas many of the White families hard hit by the 'flu seem to have been 'bywoners' or marginal farmers. At the best of times their existence was precarious; the loss of a breadwinner, the failure of a crop, post-'flu debility or the cost of a doctor and medicine would have proved too much for some of these. 'I believe that many a struggling farmer is converted into a "poor white" as the result of serious illness in the family', one rural doctor told the Influenza Epidemic Commission.⁵⁵ These broken and impoverished families often migrated to towns in the hope of being 'able to earn a few shillings here and there...whereas they were practically starving on the farms.'⁵⁶ Typical was the widow who outlined her plight in De Koningsbode's 'Voorbidding Gevraagd' column:

52. Cape Times, 21/1/1919, p.10. For an individual case of this, see Interview with Miss M Dormehl.

53. Poor Relief and Charitable Institutions Ordinance, no. 4 of 1919. See too ch. 2, p.72.

54. Cape Times, 28/3/1919, p.9.

55. IEC, vol. 1, file 1: Memorandum by Dr J Ruthven, p.2. See too Union of South Africa: Annual Report of the Department of Justice for 1918, UG 36-'19, p.106 (Wolmaransstad).

56. Central Archives: J 275, file 1/307/19, Annual Report of Magistrate of Lichtenburg, 1919. See too Central Archives: K46 (Evidence to Education Administration Commission, 1923-4), vol. 3, p.849, Evidence of OFS Teachers' Association.

'Mijn dierbare echtgenoot is aan de griep gestorven, mij latende met vijf kinderen, in armoede en schuld. Bidt voor mij om onderwerping en kracht. Ik ben van plan naar de delverij te gaan om daar te zien een leven te maken. Ik wil een tiende aan den Heer geven. Vraag den Heer om uitkomst en hulp.'⁵⁷

Perhaps this woman prospered by her move, but many like her, who left the countryside, did not. By turning families on the margin of self-support into dependants, unable to help themselves, the Spanish 'flu epidemic undoubtedly added to the Poor White population of South Africa.⁵⁸

It was not only the family life of many children which was dislocated by the epidemic; the education of almost all children at school in 1918 was seriously disrupted too (at least in the short term), for nearly every school in the country closed for periods ranging from a few weeks to the whole Fourth Quarter.⁵⁹ In these closures there was no uniformity, for the decision to open or close schools on medical grounds initially lay with each school board or local authority.⁶⁰ Only once the Government had gazetted its

57. De Koningsbode, July 1919, p.141.

58. Union of South Africa: Second Interim Report of the Unemployment Commission, UG 34-'21, paras. 17, 27; D J Joubert: 'Die Geskiedenis van Provinsiale Wetgewing oor Liefdadigheid in die OVS, met spesiale betrekking op die armsorg vraagstuk in Bloemfontein' (Unpublished thesis, university unknown, circa 1937, in OFS Archives), p.96. On the other hand, the Carnegie Commission did not identify the 'flu epidemic as a significant cause of Poor Whiteism (Carnegie Corporation Commission: The Poor White Problem in South Africa (Stellenbosch, 1932), Part 4, p.127, para. 7)).

59. Cape of Good Hope: Report of the Superintendent-General of Education for 1918, CP 5-'19, p.7; Transvaal Education Department: Report for 1918, TP 6-'19, p.2; Education Department, OFS: Report for 1918, p.12, para. 16; Province of Natal: Report of the Superintendent of Education for 1918, NP 4, 1919, p.17. Universities and colleges were similarly affected (see Union of South Africa: Report of the Under-Secretary for Education for 1918, Part II, UG 8-'20, pp.12-16).

60. TP 6-'19, pp.7-8; Transvaal Education Department: Report on the Medical Inspection of Schools for 1918, TP 4-'19, pp. 17-18, 28.

special epidemic regulations⁶¹ did the Administrators of the Cape and Natal gain the final say over school closures.⁶² Even then, many parents refused to allow their children to return to school until all danger of infection was past. Provincial education authorities were prudent enough to recognize these fears and did not insist on compulsory attendance.⁶³

The lengthy closure of schools played havoc with end-of-year examinations. In three provinces Matriculation and Junior Certificate examinations were rescheduled for mid-to-late December and those pupils unable to write then, were automatically made eligible for the supplementary examinations in February 1919.⁶⁴ Examiners were probably instructed to be lenient in their marking.⁶⁵

In many cases such consideration produced unsatisfactory consequences. The Principal of Pretoria Normal College found his first-year students in 1919 (i.e. those who had matriculated in 1918) 'quite unprepared to fall into the regular classes' and was forced to engage a special lecturer to bring them up to standard.⁶⁶ In Transvaal high schools too, many of those who had passed the Primary Certificate Examination in 1918 were 'So seriously unfit... that in some schools special classes were made of them, to go over the ground in which they were specially weak.'⁶⁷

As for pupils in other standards in 1918, principals were authorized to promote them on their class record during the year, as

61. See ch. 6, p.197.

62. TP 4-'19, p.28.

63. TP 4-'19, p.26; The Friend, 16/11/1918, p.8; Daily Dispatch, 6/11/1918 (Statement by Superintendent-General of Education).

64. Ons Vaderland, 26/11/1918, p.6 (Letter from Director of Education to ds Hattingh); The Friend, 18/11/1918, p.4 (Letter from J W Miller); Territorial News, 21/11/1918; UG 8-'20, p.20

65. De Volkstem, 5/11/1918, p.11; Cape Times, 1/11/1918, p.7; TP 6-'19, p.16; Transvaal Education Department Report for 1919, TP 5-'20, pp.24-25, 71.

66. TP 5-'20, p.65.

67. Ibid., p.79.

pupils who had had 'flu 'cannot be expected to be yet equal to the strain of the usual examination'. All had suffered from the interruption in their schooling 'and from the disquieting experiences through which they in common with their teachers have passed.'⁶⁸ Here too the tendency was towards a lenient assessment, with the result that the following year several circuit inspectors complained that many pupils were 'not quite fit for their new classes, and this had an adverse effect on the examination classes.'⁶⁹ 'Bad school classification was one of the evils resulting,' a Transvaal inspector pointed out, 'for,...most principals promoted their pupils en bloc. In many cases this was disastrous.'⁷⁰

Nor had other effects of the upheaval caused by the epidemic altogether vanished by 1919. The long break and the enduring physical after-effects of a bout of Spanish 'flu had left their mark too. The inspector of the remote Waterberg district noted how these factors had retarded pupils' progress and had 'produced both among the pupils and the teachers a slovenliness which is a necessary consequence of half empty classes and continual interruption in the work.'⁷¹ A year later, a colleague of his concluded that, 'It is not too much to say that it will be several years before the ground lost in our schools [because of the epidemic] will be made up.'⁷²

Post-'flu debility and lassitude were by no means unusual. Recovery was often slow and uneven. Among many of his staff Cape Town's City Treasurer noticed 'impaired vitality...for several

68. Cape Archives: SGE 1/1836, file marked 'Circulars (Outgoing) 1918', Circular no. 220, Superintendent-General of Education to Circuit Inspectors, 1/11/1918.

69. Education Department, OFS: Report for 1919, p.45, para. 4. For the adverse effect on the Matriculation results at the end of 1919, see Union of South Africa: Report of the Secretary for Education for 1919, Part I, UG 57-'20, pp.56-57.

70. TP 5-'20, p.98.

71. TP 6-'19, p.144.

72. TP 5-'20, p.136.

months after the Epidemic was over',⁷³ while two months after a light attack, the Bishop of George admitted that, 'it has been very difficult to give one's energies to any task, whether bodily or mental. So insidious & far-reaching are the effects of this malady.'⁷⁴ 'We were leaden-footed for weeks, to the point where each step meant a determined effort', remembered another sufferer.⁷⁵ At Kingswood College in Grahamstown, no physical exercise or games were allowed for weeks after the epidemic.⁷⁶

Many who had had 'flu found that their hearts had been affected - they became breathless very easily and suffered palpitations.⁷⁷ The Commanding Officer of the Union Forces in South West Africa made sure that such men under his command were sent to the coast to recuperate.⁷⁸ Others were left temporarily forgetful,⁷⁹ deaf,⁸⁰

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73. Corporation of the City of Cape Town: Minute of the Mayor for Year Ending 4/9/1919, Appendix 9.
74. Witwatersrand University Library, Historical and Literary Papers Division: AB 487/10 (Letter Book of Bishop Sidwell), p.43. Good examples of the ups and downs of recovery from the 'flu are to be found in Witwatersrand University Library, Historical and Literary Papers Division: A618 (Diary of W Hill), Entries 23/10/1918-18/11/1918; Cape Archives: 1/KHK 8, file 82, Letters from W Köpke to District Forest Officer, Keiskama Hoek, 7/11/1918, 15/11/1918, 18/11/1918, 22/11/1918, 15/3/1919.
75. Collier Collection: Letter from Miss E F Goring, 1/10/1972.
76. Kingswood College Magazine, December 1918, p.25.
77. South African Medical Record, 11/1/1919, pp.5,8; 8/2/1919, p.40; SADF Archives: DC 1199, file M/242, OC Military Hospital Windhoek to OC 1st Regt. SAMR, 20/12/1918; IEC, vol. 1, file 5: Written Evidence by Lt Col de Kock, p.4; Cape Archives: 1/KHK 8, file 82, W Köpke to District Forest Officer, 7/11/1918.
78. SADF Archives: DC 357, file 40170, OC Union Forces, SWA to Adjutant General UDF, 20/2/1919. Many civilians followed the same course and that summer there was an unusually large exodus to the coast. Many of these were convalescents from the 'flu, seeking rest (SAR & H Magazine, January 1919, p.64; Daily Dispatch, 5/3/1919, p.8; A F Louw: My Eerste Neëntig Jaar (Cape Town, 1958?), p.198).
79. South African Medical Record, 11/1/1919, p.8; 28/12/1919, p.384; 8/2/1919, p.42; The Friend, 17/2/1919, p.7; Collier Collection: Letter from Miss E F Goring, 1/10/1972.
80. South African Medical Record, 11/1/1919, pp.5,8; Cowley Evangelist, February 1919, p.39; Interview with Mrs Vercueil.

blind⁸¹ or bald⁸² by the 'flu - the latter provided a fillip for the sale of hair-restorer⁸³ and of large hats which completely covered the head.⁸⁴

Bouts of Spanish 'flu also produced anaemia⁸⁵ and affected the nervous-system.⁸⁶ Post-influenza melancholia was common.⁸⁷ One who experienced this depression described her symptoms as follows:

'Jij is neerslagtig, jij huil vir niks -
jij is lam en tam,...die een oomblik is
jij so vris dat jij die hele wereld kan
verset, die volgende voel jij weer klaarpraat.'⁸⁸

Several cases of suicide were attributed to this post-'flu melancholia.⁸⁹

81. South African Medical Record, 11/1/1919, p.8; OFS Archives: Uncatalogued Minutes of Bloemfontein Native Affairs Committee, 1917-1923, Minutes of Meeting, 7/10/1919; Interview with Mrs Vercueil.
82. The Friend, 13/1/1919, p.5; Daily Dispatch, 22/1/1919, p.6; South African Medical Record, 8/2/1919, p.40; Interview with Miss S Honikman; Letter to author from Dr R L Forsyth, 2/11/1978; Collier Collection: Letters from Miss E F Goring, 1/10/1972; Mrs E Poulter, 4/7/1972; Mrs B Rennie (née von Linsingen), 12/10/1972; Mrs E Rissik (née Wassung), 19/1/1973; Mrs W S Vorster, 12/5/1972.
83. The Friend, 15/2/1919, p.8; 10/3/1919, p.7; Diamond Fields Advertiser, 18/2/1919, p.3.
84. The Friend, 28/1/1919, p.3.
85. Medical Journal of South Africa, December 1918, p.330. See too advertisements for Dr Williams' blood-restoring pink pills in Transkeian Gazette, 7/11/1918; Diamond Fields Advertiser, 18/4/1919, p.7; The Friend, 4/4/1919, p.7; 17/3/1919, p.8; 31/3/1919, p.8.
86. Cape Argus, 5/2/1919, p.6; The Friend, 5/11/1918 (Report on Council Meeting); South African Medical Record, 11/1/1919, pp.5,8; Cape Archives: 1/MTF 6, file 28, Acting District Surgeon's Report to Magistrate Mount Fletcher, 3/12/1918.
87. South African Medical Record, 8/2/1919, p.40; Medical Journal of South Africa, December 1918, p.330; A W Crosby: Epidemic and Peace, 1918 (Westport, 1976), p.194; C M J Aarts de Vries: Ziekeverpleging in Huis (Cape Town, 1919), pp.68-69.
88. De Vriend des Volks, 28/11/1918 ('Huis en Haard' deur Nonnie).
89. Daily Dispatch, 7/11/1918, p.6; Farmers' Weekly, 13/11/1918, p.1175; Diamond Fields Advertiser, 23/7/1919, p.5; Cape Times, 1/11/1918, p.9; Cape Argus, 4/11/1918, p.5; 5/11/1918, p.7; 21/11/1918, p.5; 5/12/1918, p.6; 28/12/1918, p.5; De Burger, 13/11/1918, p.2; L G Green: Grow Lovely, Growing Old (Cape Town, 1954), p.160.

From most of these ailments sufferers recovered in time, but some were left with their health permanently impaired by, for example, deafness,⁹⁰ weak lungs,⁹¹ heart trouble⁹² and a susceptibility to other diseases such as phthisis, tuberculosis, parkinsonism, nephritis, meningitis and encephalitis lethargica.⁹³ In 1919 an engine-driver involved in a train accident at Fish Hoek explained that while he had been at the controls, he had suffered a blackout. He claimed that this was the after-effect of an attack of Spanish 'flu the previous year, which had left him 'never...quite the same since.'⁹⁴ The following year, the defence attorney of a young Black man charged with rape pleaded diminished responsibility, as his client 'was not in his right mind at the time of committing the offence.' He had had influenza. A doctor testified that 'it was followed by more insanity than any other acute disease....The derangement very often took the form of moral insanity...[and] he would not be surprised if a person liable to periodical insanity committed rape.' The jury were not convinced, however, and found the man guilty. He was sentenced to 8 years' hard labour.⁹⁵

90. Interview with Mrs Vercueil.

91. Interview with Mr F Botha; Collier Collection: Letter from Mrs C Richardson (née Grant), 17/5/1972; Sunday Times, 27/2/1983, p.17.

92. De Koningsbode, August 1919, p.161 (Letter from J S); September 1919, p.183 (Letter from D T); Central Archives: Acc. 172 (Eerw. E O K Müller Versameling), vol. 2, p.38; Standard Encyclopaedia of South Africa, vol. 3 (Cape Town, 1971), p.256; Interview with Mr F D Williams.

93. South African Medical Record, 14/12/1918, p.358; 28/12/1918, p.374; 11/1/1919, p.5; Cape Times, 1/7/1919, p.9; Society for the Propagation of the Gospel in Foreign Parts: Report for 1919, p.20; A W Crosby: Influenza and Peace, 1918, p.194; R Collier: The Plague of the Spanish Lady (London, 1974), pp. 290-291; E D Kilbourne (ed.): The Influenza Viruses and Influenza (New York, 1975), pp.457, 510; C Stuart-Harris and G C Schild: Influenza - The Virus and the Disease (London, 1976), pp.107-108; Cape Archives: 1/TSO 12, file 48/6, Report on Public Health, 1919 by District Surgeon Tsolo; 1/MQL 5, file 13/2/6 vol. 1: Annual Health Report for 1921 by District Surgeon Mganduli; C M J Aarts de Vries: Ziekeverpleging in Huis, p.70; Interview with Dr H F Kamp.

94. Cape Times, 30/7/1919, p.8. See too Cape Times, 14/6/1919, p.10.

95. The Nongqai, March 1920, p.134.

The incapacity caused by the 'flu and its after-effects seriously affected the country's economy for some time.⁹⁶ Agriculture suffered particular disruption because, not only did the epidemic coincide with the planting season in some parts of the country,⁹⁷ but in others it came at the time for harvesting and sheep-shearing. The Farmers' Weekly carried numerous accounts of the acute labour shortage facing White farmers and spoke of this as, 'one of the most serious secondary results of the epidemic.... The shortage is especially felt by the wheat-growers, who just now are in urgent need of harvest hands.'⁹⁸ Country correspondents of newspapers confirmed this: from the Cullinan district it was reported, ''t Koren staat rijp op de lande doch er is niemand om te oogsten, al 't werkvolk ligt siek',⁹⁹ while even those farmhands who had recovered, 'kan men bijna niet gebruiken, omdat zij door de siekte zo verzwakt zijn.'¹⁰⁰ On some farms crops threatened to overripen and rot. Alarmed at the losses this might produce, one rural Transvaal MPC gave notice in the Provincial Council of a motion calling on the Government to assist with the payment of interest on Land Bank loans in the case of farmers whose harvests had failed because of the epidemic.¹⁰¹

96. Standard Bank Archives, Johannesburg: General Manager's Half-Yearly Reports, 31/12/1918, p.5; and 30/6/1919, pp.5-6. See too the Monthly Trade Reports of the National Bank of South Africa.

97. See below pp.351-2.

98. Farmers' Weekly, 27/11/1918, p.1343.

99. De Volkstem, 25/10/1918, p.7. For similar reports, see Farmers' Weekly, 13/11/1918, pp.1181,1183; 27/11/1918, p.1387; 25/12/1918, p.1825; De Burger, 23/10/1918, p.3; 24/10/1918, p.4 (Letter from G S de Vries); 26/10/1918, p.3; 31/10/1918, p.4; 2/11/1918, p.4; 7/11/1918, p.3; 9/11/1918, p.4; 11/11/1918, p.3; 15/11/1918, p.2; 18/11/1918, p.3; 27/11/1918, p.3; 2/12/1918, p.3; 5/12/1918, p.3; 10/12/1918, p.4; 12/12/1918, p.5; 17/12/1918, p.2; 28/12/1918, p.5; 1/1/1919, p.4; Ons Vaderland, 5/11/1918, p.6; 8/11/1918, p.6 (Letter from P J H Steyn); 15/11/1918, p.5 (Letter from A P Brits); De Volkstem, 25/10/1918, p.10; 29/10/1918, p.5; 1/11/1918, p.8; 8/11/1918, p.6; Daily Dispatch, 8/11/1918, p.4; 18/11/1918, p.7; 21/11/1918, p.7; UG 36-'19, p.103 (Waterberg); Union of South Africa: Report of the Land and Agricultural Bank of South Africa for 1918, UG 20-1919, p.6.

100. De Burger, 25/11/1918, p.3.

101. Province of Transvaal: Votes and Proceedings of Provincial Council, vol. III - 2nd Session 3rd Council, 21/11/1918, p.8.

He need not have worried. The Central Government was too sensitive to the needs of White farmers to ignore their appeals for assistance. Early in November the Prime Minister and the Native Affairs Department decided that action should be taken at once, 'om de gezonde inboorlingen in de betreffende distrikten aan 't werk te krijgen.'¹⁰² Of course, pointed out De Volkstem, 'Dwang kan er...niet gebezigd worden', but Native Commissioners would be told to use their influence.¹⁰³ Steps were also taken to persuade newly demobilized Cape Coloured troops to 'take the hint that is being given them to seek work in the corn-lands',¹⁰⁴ while the White Labour Department was approached to try to secure White farm-labour to help with the harvest. Farmers were told to contact their local magistrate to inform him of their exact labour needs.¹⁰⁵ Moreover, if they were not able to pay these labourers at once, they were to be allowed to do so out of the proceeds of the new crop.¹⁰⁶

With such a quick, generous and helpful response from the Government, the labour-shortage was soon eased and crops reaped. Black farmers received no such assistance.

Those White farmers due to start sowing just as the 'flu arrived faced a similar shortage of labour. However, by late in November, when the extra hands secured by the Government became available, the most suitable time to plant had already passed in many areas and dry conditions had set in. As a result, there was a significant decrease in the acreage of land put under crops such as maize, grain sorghum and tobacco.¹⁰⁷ In some areas of the Transvaal the decrease in the amount of maize planted was as much as 25% compared to the previous season, while the Kingwilliamstown District

102. De Volkstem, 5/11/1918, p.11.

103. Ibid.

104. Farmers' Weekly, 27/11/1918, p.1343.

105. De Volkstem, 8/11/1918, p.8; Farmers' Weekly, 13/11/1918, p.1181.

106. De Volkstem, 8/11/1918, p.8.

107. Black peasants were similarly affected, with dire consequences - see ch. 5, pp.179-180.

showed a decrease of 40%.¹⁰⁸ Reflecting on the total halt brought about in ploughing in the Camperdown District, the Natal Witness noted how the epidemic had 'demonstrated conclusively what a great asset to farming is the supply of native labour. The absence through illness of so many labourers practically put an end to the farming operations.'¹⁰⁹ The Matatiele Mail reported that all it heard from farmers was, 'All my boys are down - work at a standstill.'¹¹⁰

Country-wide, the shortage of labour and general disorganisation resulting from the epidemic, caused 11% less maize to be planted than in the previous season.¹¹¹ The ultimate harvest in 1919, after pests and unfavourable conditions had also taken their toll, proved to be 25% below what the Department of Agriculture rated as normal.¹¹²

The Government displayed far less alacrity when it came to settling the accounts for combating the epidemic, for not only did this involve large sums of money, but it also raised in a very pointed way the issue of responsibility for the introduction and dissemination of the disease.

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108. Union of South Africa, Department of Agriculture: Crop and Live Stock Report for December 1918, no. 6 1918-1919, p.2 (copy in Cape Archives: 1/KNT 28, file 12 vol. 4). See too UG 36-1919, pp.83,102; Union of South Africa: Report of the Land and Agricultural Bank of South Africa for 1919, UG 33-1920, p.4; De Volkstem, 8/11/1918, p.9 (Letter from D J Muller); Farmers' Weekly, 20/11/1918, p.1287; 4/12/1918, p.1501; 11/12/1918, p.1607; 25/12/1918, p.1825; De Burger, 2/11/1918, p.3 (Letter from H C Lindsay); Ons Vaderland, 8/11/1918, p.5 (Letter from S T Prinsloo); 15/11/1918, p.5 (Letter from P A Badenhorst); De Vriend des Volks, 28/10/1918 (Reitz Report); Central Archives: J 275, file 1/307/19, Annual Reports for 1919 from Magistrates of Ermelo, Potchefstroom, Ventersdorp, Vereeniging, Krugersdorp.
109. Quoted in Farmers' Weekly, 18/12/1918, p.1721.
110. Matatiele Mail, 7/11/1918, Editorial.
111. Union of South Africa, Department of Agriculture: Crop and Live Stock Report for June 1919, no. 12 1918-1919, p.2 (copy in Cape Archives: 1/KNT 28, file 12 vol. 4).
112. Ibid.

In the midst of the epidemic early in October little notice had been taken of the Government's offer to refund half of the expenditure incurred in dealing with the 'flu'.¹¹³ Only once the epidemic had ebbed, did municipalities, fresh from the struggle and still bristling with anger at what they regarded as the Public Health Department's slackness and incompetence before and during 'Black October', sit down and carefully consider the offer. They were outraged - the very body which they held to be responsible for the epidemic was to pay only half the costs involved - they who 'had saved South Africa from a real disaster',¹¹⁴ had to pay the other half! Almost unanimously the country's 196 municipalities and 86 Divisional Councils rejected this claim outright and demanded that the Government bear the entire cost,¹¹⁵ especially since it was doing so in those parts of the country which did not fall under local authorities.¹¹⁶ 'We are now being bombarded with [such] demands', complained Sir Thomas Watt on 20 November.¹¹⁷

On 28 November representatives of town councils, municipal associations and local bodies met in Pretoria to formulate their case¹¹⁸ and next day they presented it to Watt. The Minister of the Interior took his stand on the letter of law: according to existing health laws, local authorities were responsible for combating such epidemics. The Government might refund a proportion of this expenditure, but there was no obligation for it to do so.¹¹⁹ 'The cheeseparing spirit in which he dealt with the financial aspect is deplorable', declared The Star indignantly, 'but it is infinitely worse when he attempts...to justify neglect and apathy.'¹²⁰

113. Union of South Africa: Report of the Influenza Epidemic Commission, UG 15-'19, Appendix D.

114. OFS Archives: MBL 4/3/1/40, file 101/1/17, Minutes of Conference of Local Authorities on Cost of Epidemic, p.4.

115. Ibid., p.1; Cape Archives: 3/CT, vol. ADD 1/1, p.274; Transvaal Archives: Archives of Town Clerk of Krugersdorp, Packet 598, Circulars from Town Clerk of Cape Town, 13/11/1918 and 27/11/1918.

116. Transvaal Archives: Archives of Town Clerk of Krugersdorp, Packet 598, Circular from Town Clerk of Cape Town, 13/11/1918.

117. South African Library, MSS Department: MSC 15 (Merriman Collection), Letter 594 from Watt to Merriman, 20/11/1918.

118. Rand Daily Mail, 29/11/1918.

119. The Star, 29/11/1918.

120. The Star, 30/11/1918.

A second, even more representative conference of local authorities followed in Cape Town in January 1919, just as Parliament was re-assembling. Between conferences much lobbying had been done and pressure put on the Government to alter its stance and recognize the extraordinary nature of the epidemic expenditure.¹²¹ This it finally agreed to do and Watt announced to the Conference that the Government was now prepared to refund 4/5 of epidemic expenditure.¹²² Though the Conference did not abandon its demand for a complete refund,¹²³ it did not press the issue.

Having accepted an extra 30% of the 'flu expenditure of local authorities, the Government proceeded to scrutinize their claims very closely. Accounts went to and fro as they were submitted to Pretoria, queried, justified, modified and re-submitted. After more than a year of this haggling, one frustrated municipal official protested despairingly

'against the attitude of the Govt. Health officials at Pretoria in the irritating red-tape manner in which they have examined our claims: calling for what I can only characterise as absurd and totally unwarranted proofs and details of expenditure, which has necessitated an immensity of labour and research.'¹²⁴

The Government's eventual refund to local authorities was the largest single item in the £300 000 set aside to cover the Public Health Department's expenditure in the campaign against the epidemic.¹²⁵

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121. Union of South Africa: Report of the Select Committee on the Public Health Bill, SC 3-'19, p.114; Farmers' Weekly, 12/2/1919, p.2598.
 122. OFS Archives: MBL 4/3/1/40, file 101/1/17, Minutes of Conference of Local Authorities on Cost of Epidemic, p.6.
 123. Ibid., p.7. The Government's acceptance of responsibility for 4/5 of epidemic expenditure still left municipalities with considerable sums to pay. Grahamstown, for instance, had to levy a special rate of 5/8 in £ on all landed property to meet its share (N D Southey 'A Period of Transition', p.182).
 124. Cape Archives: 3/UIT 28, vol. 4, 'Financial Statement on Influenza Epidemic Expenses' by F Harvey, Town Clerk and Treasurer, Uitenhage, 22/3/1920. See too Cape Archives: 3/CT, vol. ADD 6/2, pp.487-488 and E Rosenthal: The Changing Years - A History of the Cape Province Municipal Association (n.p., 1957), p.58.
 125. UG 49-'19, pp.188,190; Union of South Africa: Finance Accounts

Of more permanent significance was the fact that, as a result of their experience, local authorities insisted that the new Public Health Act provide for a compulsory refund by the Government to local authorities for their suppression of formidable epidemic diseases. They also made very strong representations that such refunds should be $\frac{4}{5}$ and not 'one half of the approved nett cost actually and necessarily incurred by a local authority' as proposed in the draft bill.¹²⁶ As a result of these protests, the Bill was amended and the refund fixed at $\frac{2}{3}$.¹²⁷

The epidemic left behind many other accounts to be settled. As doctors began to submit their bills, they found their popularity waning and tales of exorbitant charges and 'profiteering' increasing.¹²⁸ To some people who had complained of high doctors' fees, Sir Thomas Watt recommended not paying and letting the doctors take them to court in the face of public opinion,¹²⁹ but there is no evidence of any such cases being heard. Probably, most disputed accounts were settled with a degree of give-and-take on both sides.¹³⁰

Sick funds and benefit societies encountered financial difficulty too when suddenly confronted by a flood of 'flu accounts from their members. Several were seriously depleted and were only saved from

Appropriation Accounts, Loan Funds and Miscellaneous Funds Financial Year 1919-20 with the Report of the Controller and Auditor-General, UG 59-'20, p.230; Debates of the House of Assembly of the Union of South Africa as reported in the Cape Times, vol. 4, p.16 (col. 1). For details of expenditure by other Government Departments, see UG 49-'19, pp.167, 176, 221, 265, 297, 327; Union of South Africa: SAR & H Statement of Accounts Financial Year 1918-19 with Report of Controller and Auditor-General, UG 56-1919, p.16.

126. SC 3-'19, pp.V, 38, 43, 63-64, 194, 208; Kimberley Public Library: Kimberley City Council Archives, Unnumbered file, dossier 676, Circular from Mayor of Cape Town to Mayor of Kimberley, 3/3/1919; Cape Archives: 3/CT, vol. 1/1/1/75, p.313; 3/CT, vol. 1/4/7/1/1/10, p.109; 3/CT, vol. ADD. 1/1, pp.277, 284.
127. Act 36 of 1919, section 48(c); Debates of the House of Assembly ... as reported in the Cape Times, vol. 4, p.275 (col. 1).
128. South African Medical Record, 28/12/1918, pp.373-374; Debates of the House of Assembly ... as reported in the Cape Times, vol. 4, p.16 (cols. 2, 3) and p.17 (col. 2).
129. De Burger, 11/2/1919, p.3.
130. An example of this involving a large sum was the dispute between Bloemfontein Town Council and the city's doctors (see OFS Archives: MBL 4/3/1/40, file 101/1/17/1).

acute embarrassment or worse by donations, loans or special levies on their members.¹³¹ Insurance companies also found themselves facing huge claims for 'flu deaths. In February 1919 the professional journal, Insurance, estimated that £1.3 million had been paid out by life offices in South Africa in respect of 'flu claims in the preceding four months.¹³² 'A good deal of anxiety as to future...', noted John X Merriman after a meeting of the Board of the Old Mutual in January 1919.¹³³

For its part, the UDF accepted responsibility for Spanish 'flu contracted on service and paid out compensation if death or disability resulted.¹³⁴ Discharged soldiers were also liberally treated if it was found that the 'flu had aggravated old military injuries.¹³⁵

It was not simply a coincidence that widespread generosity, helpfulness and benevolence marked so many of the efforts to deal with the urgent problems left by the epidemic. The country had come through a devastating national crisis which had left very few families untouched. The subsidence of the 'flu, coinciding as it did with the end of World War I, let loose a flood of heartfelt relief, gratitude and goodwill, feelings quite common after shared danger and adversity. A modern authority on disasters terms this

131. SAR Review, February 1919, p.17; UG 56-1919, p.18; Union of South Africa: Report of the Railways and Harbours Board for 1918, UG 25-'19, p.17; SAR & H Magazine, April 1919, pp.250-253, 262; November 1919, p.734; The Nongqai, December 1918, p.574; The Reef, 30/11/1918, p.25; De Beers' Benefit Society: 29th and 30th Annual Reports; De Beers' Consolidated Mines Ltd: 31st Annual Report for Year Ending June 1919, p.34; Rand Daily Mail, 5/11/1918; Collier Collection: Letter from Brigadier F W Cooper, 4/5/1972.

132. Insurance, 1/2/1919, p.3027.

133. South African Library, MSS Department: MSC 15 (Merriman Collection), Diary for 1919, Entry for 30/1/1919.

134. SADF Archives: DC 1304, file M/4501 vol. 6, Acting DMS to Military Pensions Commissioner, 7/1/1919.

135. SADF Archives: DC 1304, file M/4501 vol. 2, Circular from Deputy DMS to all Assistant DMS's, SMO's and OC Wanderers Hospital, 25/10/1918.

phenomenon, the creation of an 'altruistic community'.¹³⁶ The epidemic had 'set free in a direction that even the war has failed to do a practically unlimited supply of unselfishness, personal kindness, and sheer goodness of heart', jubilated one clergyman.¹³⁷

Concrete manifestations of this spirit included increased attendance at churches,¹³⁸ larger donations to their funds,¹³⁹ greater religious earnestness¹⁴⁰ (and its opposite, as some people expressed their relief through pleasure-seeking¹⁴¹) and the generous response to the plight of orphans, widows, schoolchildren and farmers outlined above. Only an awareness of the existence of

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136. A H Barton: Communities in Disaster - A Sociological Analysis of Collective Stress Situations (n.p., 1969), p.206. See too S Garb and E Eng: Disaster Handbook (2nd edition, New York, 1969), pp.16-17; A G MacMahon and M Jooste (eds.): Disaster Medicine (Cape Town and Rotterdam, 1980), p.295; P. Sorokin: Man and Society in Calamity (New York, 1943), p.169.
137. St Boniface Parish Paper, November 1918, p.3.
138. De Kerkbode, 27/2/1919, p.207; Interview with Mr A Mahlahla. However, for details of an opposite trend, see Presbyterian Churchman, May 1919, p.49.
139. De Kerkbode, 2/1/1919, p.9; 16/1/1919, p.61; 23/1/1919, p.83; 30/1/1919, p.107; 6/2/1919, p.132; 13/2/1919, p.153; 27/2/1919, p.205. For details of individuals' motives for donations, see De Koningsbode, January 1919, pp.8,18; March 1919, p.59; June 1919, pp.113,121; De Christelike Strever, June 1919, p.10; Cape Argus, 13/11/1918, p.7; Interview with Mrs G Gafiel-Cader; Cape Archives: A 1417 (Lichtenstein Collection), Envelope 7, Lichtenstein to Markowitz, 22/4/1947, p.12.
140. Catholic Magazine for South Africa, November 1918, p.499; The Congregationalist, January 1919, p.18; May 1919, p.15; De Kerkbode, 30/1/1919, p.106; De Christelike Strever, February 1919, p.8; June 1919, p.10. On religious revivals in Britain after the cholera epidemics of the 19th century, see H McLeod: Religion and the People of Western Europe 1789-1970 (Oxford, 1981), pp.81-82; A D Gilbert: Religion and Society in Industrial England - Church, Chapel and Social Change, 1740-1914 (London and New York, 1976), p.197.
141. De Christelike Strever, February 1919, p.2; Christian Express, 2/12/1918, p.186; Cape Argus, 24/10/1918, p.5 (Letter from 'Resident'); 28/10/1918, p.6 (Letter from 'A Dancer'); H Owen: Journey from Obscurity: Wilfred Owen 1893-1918; Memoirs of the Owen Family, vol. III - War (London, 1965), pp. 178-180. See too ch. 2, p.66 and ch. 4, p.130.

this post-'flu spirit and an understanding of its shallow roots enables one to appreciate fully what underlay many of the things said and done in the immediate wake of the epidemic. It also helps to explain why this spirit proved so short-lived.

Characteristic of the post-'flu atmosphere was a recurrent emphasis on the fellowship and brotherhood of the preceding weeks, entirely unmindful of the discord, selfishness and non-co-operation which had also been part of the human response to the crisis. 'Culturally derived discriminations and social distinctions tend to be eliminated in disaster because all groups and statuses in the society are indiscriminately affected', notes A H Barton, the sociologist of disaster. 'The widespread sharing of danger, loss, and deprivation produce an intimate, primary group solidarity among the survivors.'¹⁴²

Frequently expressed was the belief that help had been given on a quite indiscriminating basis, 'without regard to creed, colour, class or race', as the Mayoress of Cape Town put it.¹⁴³ Religious leaders hailed such demonstrations of altruism and comradeship as 'all so essentially Christian',¹⁴⁴ while others believed that this demonstrated that, '[in] spite of our many differences, we are one in essentials'.¹⁴⁵ A progressive journal warmly commended

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142. A H Barton: Communities in Disaster, pp.206-207. See too M Barkun: Disaster and the Millenium (New Haven and London, 1974), pp.7-8.
143. Cape Times, 23/10/1918, p.5. See too the Governor-General's messages in Daily Dispatch, 23/11/1918, p.7 and 10/12/1918, p.5.
144. Cape Times, 7/2/1919, p.10 (The words are those of Archbishop Carter of Cape Town). For similar sentiments see Church Chronicle, 7/11/1918, p.415; The News-letter, November 1918, p.297; Wesleyan Methodist Church of South Africa - Minutes of 37th Annual Conference, 1919, pp.18,35; De Koningsbode, February 1919, p.26.
145. SAR & H Magazine, December 1918, p.721. For similar expressions, see Cape Times, 8/6/1920, p.9; 30/10/1920, p.10; The Friend, 23/10/1918, p.4; The Nongqai, January 1919, p.42; November 1919, p.526.

'those men and women who might readily have hidden themselves behind the barriers of their own luxurious homes, instead of facing the pestilence in the very heart of the disease spots of our cities.'¹⁴⁶

It would be naïve to take such claims at face value - they ignored both evidence to the contrary and, more importantly, inequalities built into contemporary South African society. Yet, the fact that aid was commonly given across boundaries of race and class was perceived as in itself remarkable. 'Their deeds were a stunning revelation', wrote a 'Coloured' minister about relief-work undertaken by local Whites. 'At this present time... I am not ashamed to say that previous to this there was a rooted belief amongst most of our Coloured people that there was no pity for them in the European breast....We have now a new and truer vision given us,...'¹⁴⁷ It is in the light of these low initial expectations that the fulsome expressions of thanks on behalf of Blacks and 'Coloureds' should be seen. Most praised what Sol Plaatje called 'the colour blind sympathy shown...during the scourge'¹⁴⁸ and expressed a deeply-felt gratitude for what Dr Abdurahman described as the 'self-sacrificing labours of those ladies and gentlemen who ministered to the coloured community in the hour of its need.'¹⁴⁹ Several hoped that relations would go from strength to strength after this experience,¹⁵⁰ an example of the wishful thinking common in the wake of the twin trials of the war and the epidemic.

146. The Woman's Outlook, November 1918, p.7.

147. The Congregationalist, November-December 1918, p.21 (Letter from Reverend J C Weiss). For similar views see The Congregationalist, March 1919, p.13.

148. Diamond Fields Advertiser, 12/11/1918, p.7 (Letter from S Plaatje).

149. Cape Times, 24/12/1918, p.8. For similar sentiments, see ch. 2, pp.56-58; ch. 3, p.97; Ilanga lase Natal, 14/2/1919 (Letter from Location Advisory Board); De Huisvriend, 8/12/1918, p.142; The Friend, 9/1/1919, p.4 (Letter from J A M Zwane and others); Central Archives: MPB 1/1/26, pp.14-15, Letter from Residents, Native Location Pietersburg attached to Minutes of Special Pietersburg Town Council Meeting, 24/1/1919; N D Southey: 'A Period of Transition', pp.212-213; Collier Collection: Letters from Mrs J Eenyon (née Greer), 15/7/1972.

150. De Burger, 18/11/1918, p.3 (Letter from F N van Niekerk);

In the prevailing climate of goodwill, many Whites recalled with equal satisfaction how the common danger posed by the 'flu had caused their own sectional barriers to be transcended too;¹⁵¹ in these selective memories, English-speakers had not hesitated to help Afrikaners and vice versa, while even Afrikaners in opposite political camps had buried the hatchet and co-operated. 'Nat en Sap werk saam soos broers vanouds', ran a typical report in this vein. 'Moge uit die ramp weer 'n verenigde Afrikaner volk gebore worde.'¹⁵² It was precisely to this co-operation between Afrikaners against the epidemic that the Moderator of the OFS DRC appealed in his attempt to heal the rift in the Church dating back to the Rebellion of 1914:

'Wij zijn toch één...Ja! wij zijn één. Als wij dit in de laatste jaren niet gevoeld hebben, zooals het behoort, dan heeft de hand van God ons in de laatste weken gedwongen dit te beseffenWij waren ons van onze eenheid wonderbaarlijk bewust. God wilde dit. Hij heeft het bedoeld in deze ontzettende plaag en dood om ons te doen stilstaan en nadenken.'¹⁵³

There is little indication as to how effective this particular call was in healing the breach, for other factors were already working to the same end.¹⁵⁴ However, at least one divided congregation was said to have been brought together 'toen men te-zamen moest staan bij het ziekbed, bij het sterfbed, en rondom het geopende graf.'¹⁵⁵

Cape Times, 16/11/1918, p.10 (Letter from J C Baugaard).

151. Daily Dispatch, 9/11/1918, p.5; The Friend, 18/10/1918, p.4; 26/10/1918, p.4; 21/11/1918, p.4; 20/2/1919, Editorial; De Burger, 16/11/1918, p.3; 19/11/1918, p.5.; Church Chronicle, 7/11/1918, p.415.
152. De Volkstem, 8/11/1918, p.5. For further examples of how the crisis of 'Black October' overcame 'broedertwis', see De Burger, 26/10/1918, p.3; SADF Archives: DC 364, file 40177, Report by Commandant F R Cronje, Winburg to District Staff Officer, Kroonstad, 24/1/1919; Cape Archives: A 1953 (ACVV Versameling), vol. 3/1/1, Algemeen Beknopt Verslag van ...de ACVV voor het Jaar 1918, pp.7-8; De Koningsbode, February 1919, p.26; De Vriend des Volks, 16/12/1918 (Fouriesburg report).
153. De Kerkbode, 31/10/1918, pp.1033-1034.
154. S P Jordaan: 'J D Kestell - Sy Lewe en Werk 1912-1941' (Unpublished D.Phil. thesis, UOFS, 1979), ch. 4.
155. De Kerkbode, 13/3/1919, p.261.

Other Afrikaners drew the same lesson from the joint struggle against the 'flu, but in political terms. Calling for the 'hereniging' of Afrikaners, a reader of De Burger deplored the fact that the National Party and the South African Party would be opposing one another at forthcoming by-elections: 'waarom dan in een tijd als deze een verkiezing', he asked;

'ons volk heeft toch zo prachtig saamgewerkt gedurende de epidemie....Dierbaren, zovelen ontnomen door de kille hand des doods, in menig geval was daar nog verwijdering en verbittering. De wonden zijn nog zo vers, en nie al weer een elektiestrijd tussen de twee Afrikaner-partijen?'¹⁵⁶

A full-scale Hereniging Movement did indeed get off the ground in 1919, but there is little evidence that memories of Afrikaner co-operation during the 'flu played more than a minor role in this.

Nor did the gratitude and goodwill mentioned above dominate behaviour for long. Within a few months (like much of the post-epidemic zeal for social reform¹⁵⁷), they had begun to fade under pressure of ordinary conditions. Old attitudes, prejudices and modes of conduct re-asserted themselves in what Barton calls 'the decline of post-disaster utopia'.¹⁵⁸ As early as February 1919, the Archbishop of Cape Town was recalling how, 'The common calamity of the epidemic helped us in overcoming at any rate for a time much of this prejudice.'¹⁵⁹

Since then, co-operation across all barriers during the epidemic has become a happy memory tucked away at the back of individuals' minds, a brief exception to the norm of everyday experience before and since. In 1978, recalling the generous assistance by

156. De Burger, 5/12/1918, p.3 (Letter from W H Lategan). For similar sentiments, see De Burger, 19/11/1918, p.6 (Letter from 'Een Petrusviller').

157. See ch. 2, p.76; ch. 3, p.109; ch. 4, p.140; ch. 11, pp.398-99.

158. A H Barton, Communities in Disaster, p.301.

159. Cape Times, 7/2/1919, p.10.

Whites sixty years earlier, an old 'Coloured' labourer declared tellingly, 'Hulle was nie die witmense van nou nie.'¹⁶⁰ With similar warm memories of the 'lovely feeling of brotherhood' which had existed between Blacks and Whites in Waaihoek Location during the epidemic, 94 year-old Selby Msimang mused wistfully a few months before his death in 1982, 'In these days with all their uncertainty, perhaps such an epidemic would create a new spirit.'¹⁶¹

160. Interview with Mr J Granger.

161. Interview with Mr H S Msimang.

CHAPTER 11

PREVENTING A SECOND 'BLACK OCTOBER':

THE CONSEQUENCES OF THE SPANISH INFLUENZA EPIDEMIC

IMMEDIATE MEASURES

No sooner had the epidemic faded in South Africa than medical authorities were warning that it would return within a year.¹ The Government realised that if another calamity was to be avoided then, it would rapidly have to establish what had happened during the recent visitation and discover why the country had been so severely affected. Only then could effective preventive measures be framed (or at least sound defensive steps taken) and the many shortcomings so starkly revealed in the public health system remedied. If 'Black October' was to provide lessons against a second visitation, these had first to be comprehensively identified.

The Government believed that the best way to accomplish this was to appoint that increasingly common aid to government in the Union, a commission of inquiry. Not only would it answer these needs, but it would also meet the widespread public clamour for an investigation to settle hotly-debated questions such as how many people had died and what degree of blame could be attached to the Government. The Public Health Department was 'on trial', Sir Thomas Watt was to tell the opening session of the Commission's hearings, 'and he confidently expected the Commission to give a frank and free decision, irrespective of persons, according to the facts laid before them'.²

The Commission was appointed by the Governor-General on 4 December

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1. Transvaal Archives: Magistrate Marico 4/3/26, Circular no. 35 of 1918 from Department of Public Health, 11/12/1918.
 2. Diamond Fields Advertiser, 10/12/1918, p.5.

1918 to 'enquire into matters concerning the Influenza Epidemic in the Union'. More specifically, it was asked to report on the introduction of the epidemic, its incidence and spread, the measures taken to combat it and to recommend what should be done to 'safeguard against or deal with any outbreak in future'.³

Not all of the men initially asked by the Government to serve on the Commission were willing to do so,⁴ but Watt was satisfied that its final composition made it 'a strong one'.⁵ Its members were: Chairman - P D Cluver (social worker, mayor of Stellenbosch and chairman of the Cape Municipal Association); S Evans (chairman of Crown Mines and a pioneer of health and hygiene reforms on the gold mines); Senator E R Grobler and Commandant J L Hamman MLA (representing the OFS and Transvaal rural areas respectively); J H Nicolson (former mayor of Durban and a member of the Natal Municipal Association); M G Nicolson (chairman of Pretoria's municipal sub-committee on health and immediate past president of the Transvaal Municipal Association); Colonel A J Orenstein (Acting Director of Medical Services, UDF, and in peace-time MOH of Rand Mines); Dr H Smith (a prominent Cape Town physician); Sir Arnold Theiler (a distinguished bacteriologist and veterinarian) and A F Williams (General Manager of De Beers Consolidated Mines). The Secretary was A Stuart, Sir Thomas Watt's Private Secretary and Secretary of the recent Public

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3. Union of South Africa: Report of the Influenza Epidemic Commission, UG 15-'19, p.1.
 4. Debates of the House of Assembly of the Union of South Africa as reported in the Cape Times, vol. 4, p.17, col. 3; p.128, cols. 2 and 3. The original choice included Sir Evelyn Wallers (President of the Chamber of Mines) as chairman or, failing him, Ross Frames of Premier Mine; Senator Brebner or Senator Marais (both National Party senators from the OFS); and D Sanders (Chairman of the Natal Municipal Associations). None of these was willing to serve (South African Library, MSS Department: MSC 15 (Merriman Collection), Letter 594, Watt to Merriman, 20/11/1918.
 5. South African Library, MSS Department: MSC 15, Letter 631, Watt to Merriman, 5/12/1918.

Health Conference in Bloemfontein.⁶

These ten members were drawn from all four provinces. If Orenstein's dual attachment, to the medical profession and to the mining industry, is taken into account, these two groups and the municipalities all had equal representation on the Commission. The two politicians represented only the South African Party; the Opposition National⁷ and Labour⁸ Parties had no specific representatives. The Commission's racial, sexual and class exclusiveness is not unexpected, given the Government's prejudices, but it should also be noted that no member of the Commission had personal experience of the epidemic in the predominantly Black rural areas, where it had taken its highest toll.⁹

The Commission began its sittings in Pretoria on 6 December and heard its last witness on 4 February 1919 in Cape Town. Between

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6. UG 15-'19, p.1. Biographical information on members is drawn from: Debates of the House of Assembly ... as reported in the Cape Times, vol. 4, p.17, col. 3; The Friend, 7/12/1918, p.4; Dictionary of South African Biography, vol. II (Cape Town, 1972), pp.733-737; vol. III (Cape Town, 1977), pp. 281-282; vol. IV (Durban and Pretoria, 1981), pp.201-202, 784; Standard Encyclopaedia of South Africa, vol. 5 (Cape Town, 1972), pp.358-359; vol. 12 (Cape Town, 1976), pp.112-113; J H Louw: In the Shadow of Table Mountain (Cape Town, 1969), p.116 n.8; Transvaal Archives: Inventory T45 (M G Nicolson Collection); South African Library, MSS Department: MSC 15, Letters 594 and 631, Watt to Merriman, 20/11/1918 and 5/12/1918; Collier Collection: Letter from Mr A Stuart, 18/5/1972; Letter to author from Mrs E Page, 10/2/1983; Interview with Dr P F Cluver.
 7. The two National Party Senators approached to serve, Brebner and Marais, had declined to do so (South African Library, MSS Department: MSC 15, Letters 594 and 531, Watt to Merriman, 20/11/1918 and 5/12/1918). See too Debates of the House of Assembly ... as reported in the Cape Times, vol. 4, p.128, cols. 2, 3.
 8. However, Watt believed M G Nicolson was 'a Labour man' (South African Library, MSS Department: MSC 15, Letter 594, Watt to Merriman, 20/11/1918).
 9. For a critical, but informed, opinion of the Commission's membership see South African Library, MSS Department: MSC 15, Letter 608, Dr C L Leipoldt to Merriman, 26/11/1918; and UCT Library, MSS Department: BC 94 (Leipoldt Collection), A4.8, Diary Entry for 22/11/1918.



The Members of the Influenza Epidemic Commission

Front Row (left to right): Senator E R Grobler, J H Nicolson, P D Cluver (chairman), Sir Arnold Theiler, S Evans

Back Row (left to right): Unknown, M G Nicolson, A Stuart (secretary), Colonel A J Orenstein, A F Williams, Commandant J L Hamman, MLA, Dr H Smith

(I am grateful to Dr P F Cluver and Mrs E Page for copies of the original of this illustration).

these dates it also visited Johannesburg, Durban, Pietermaritzburg, East London, Bloemfontein and Kimberley. Its hearings were given extensive press coverage. Altogether it heard 192 witnesses and received a number of memoranda from people who did not appear before it. 188 of the witnesses were male, four female. Of the 188 men, five were Black, three Indian and one Japanese. All the female witnesses were White. Doctors predominated among the witnesses: five from the Department of Public Health, two Port Health Officers, six military doctors and 50 others (including private practitioners, Medical Officers of Health, District Surgeons and Hospital Superintendents). Six bacteriologists also gave evidence.¹⁰ Municipalities, with their experience in the forefront of the battle against the epidemic, were especially requested to send representatives to testify.¹¹ Many did so.

The Commission worked quickly and had its report ready by the second week of February 1919.¹² Within days lengthy summaries were appearing in the press. In general, the Commission's conclusions were sympathetic towards the problems which the epidemic had posed for the Department of Public Health and the Government: they were exculpated from blame for allowing the disease into the country, since, the Commission concluded, 'flu had been coming into the country for some time before the arrival of the 'Jaroslav' and 'Veronej', while reasonable precautions had been taken to ensure that the troops on board did not entrain while still ill.¹³ Almost certainly, the Commission concluded, 'infection from the outside was a deciding factor in precipitating the epidemic, but it is impossible to determine the exact manner in which introductions from outside sources

10. UG 15-'19, pp.2-5.

11. OFS Archives: MBL 4/3/1/40, file 101/1/17, P D Cluver to Mayor of Bloemfontein, 12/12/1918.

12. The finished Report was handed to the Government on 10 February 1919 (Debates of the House of Assembly ... as reported in the Cape Times, vol. 4, p.50, col. 2) and tabled on 18 February 1919 (Cape Times, 19/2/1919, p.8).

13. UG 15-'19, paras. 24, 36, 43.

operated and it is impossible to fix on any route or vehicle'.¹⁴ Nor was the Commission convinced that the institution of maritime quarantine would have been an effective preventive against 'a disease of the nature of Epidemic Influenza'.¹⁵

The Commission acknowledged that the spread of the epidemic in South Africa 'was facilitated and accelerated by the railways',¹⁶ but it did not feel that censure was justified. 'Practically insurmountable obstacles are attendant upon all really effective measures to prevent the spread of the disease by travellers on the railways', it pointed out, while 'at various centres of the mining industry ... it was impossible to prevent what was practically a stampede of natives to their homes'.¹⁷ As for the much-criticised tardiness and inadequacy of the Public Health Department's assistance, the Commission was again sympathetic in its judgment:

'In view of all the circumstances and of the inadequacy of the Department as it existed at the time, the Commission realises that it was almost an impossibility to deal with the outbreak at its inception in a more satisfactory manner.'¹⁸

In short, the Report pointed to errors and omissions in curbing the epidemic, but did not seek to allocate the blame for them explicitly. All the Report left the Cape Times with, the newspaper explained, was 'an uneasy feeling that they [the Public Health Department] failed to make the fullest use of the opportunity of public service which was given to them'.¹⁹ The only substantial criticism which the Commission made of the Department was that there had been no careful investigation into the aetiology of the

14. Ibid., para. 23.

15. Ibid., para. 45.

16. Ibid., para. 58.

17. Ibid., para. 117.

18. Ibid., para. 77.

19. Cape Times, 20/2/1919, Editorial.

disease early in the course of the epidemic.²⁰

After reviewing what had happened, the Report went on to detail measures which it believed should be taken to prevent another such calamity. In doing so, it did not limit itself to short-term defensive measures against another extraordinary epidemic, but stressed the need for comprehensive public health reforms, both curative and preventive. Most of these were practical and utilitarian and in many cases gave authoritative weight to medical and social ideas which had been canvassed for some time. Probably, by emphasising these, the Influenza Epidemic Commission made its most valuable contribution in the long term. Later sections of this chapter will examine how far these ideas were actually implemented.

In the short term the Report produced much dissatisfaction in those wide circles which sought to lay the blame squarely upon the shoulders of one person or group. The South African Medical Record commented haughtily, but not altogether inaccurately:

'The lay mind always insists that every disease and every other scourge should be met with an infallible or nearly infallible defensive piece of machinery, and if the technical people concerned cannot produce that machinery or something that looks like it, there and then, the good public cry out for somebody's blood, or, at least, for somebody's relegation to the limbo of blasted reputations ... [A]ny sort of a phantom of machinery, so long as it looks like energy, and diffuses money amongst the local communities, acts like balm to the troubled mind of the layman of South Africa, and if it only involves severe harrying of that sanitary whipping-boy, the native, it does more - salves the very soul with a sense of duty conscientiously performed ...'²¹

De Volkstem was disappointed by the Commission's 'aarselende twee-loop' recommendations,²² while National Party supporters

20. UG 15-'19, para. 18.

21. South African Medical Record, 8/3/1919, pp.65-66.

22. De Volkstem, 14/3/1919, Editorial.

were particularly incensed to see the Government escaping so lightly. Even before reading the Report, the party's Transvaal leader, Tielman Roos, assumed that the Commission (packed with Government supporters like all other Union commissions, he asserted) 'would simply whitewash the Government, so he did not see that much attention should be paid to it'.²³ De Burger rejected the Commission as 'n wasse neus,' concluding, 'Die verslag beteken so goed as niks'.²⁴ In its painstaking, one-sided analysis of the findings, Ons Vaderland characteristically laid all the blame which the Commission had hesitated to allocate, firmly on the Government's shoulders:

'In het verslag kan men onomstotelijk het bewijs voor de schuld en het groffe plichtverzuim van de regering vinden zodra men de feiten nagaat en van alle mooie, omschrijvende woorden ontdoet.'²⁵

Astonishingly, the Report itself was never debated in Parliament. Such a debate was pre-empted two weeks before the Report was tabled by a debate on a National Party motion censuring the Government for its mishandling of the epidemic. Uninformed by the Commission's findings, this debate produced nothing constructive - it soon resolved itself into a point-scoring slanging match on the irrelevant issue of Tielman Roos' provocative description of the epidemic as the 'Khaki pest'. The original motion was defeated, the National Party alone supporting it.²⁶

The only public comment on the Report by the medical profession came in the two professional medical journals. Both were impressed by the Commission's undogmatic conclusions on the medical and bacteriological aspects of the 'flu. More generally, the South African Medical Record felt it was 'a clear, instructive and well-balanced document, notably free from exaggerations or

23. Debates of the House of Assembly ... as reported in the Cape Times, vol. 4, p.50, col. 1.

24. De Burger, 7/3/1919, Editorial.

25. Ons Vaderland, 28/2/1919, p.3.

26. Debates of the House of Assembly ... as reported in the Cape Times, vol. 4, pp.35, 42, 45, 50, 51.

wild thinking'.²⁷ Its practical recommendations for the prevention of future epidemics was sound if 'largely the reiteration of counsels of perfection'.²⁸ The Commission's call for wider public health reforms met with their general approval. 'Taken as a whole,' concluded the Medical Journal of South Africa,

'the Commissioners [sic] report is a painstaking, careful piece of work, which deserves consideration and respect ... No one expected, or hoped, that the Commission would clear up the whole problem of influenza; its terms of reference were circumscribed, and the evidence before it ... does not allow definite and specific conclusions being drawn. But on the practical points its conclusions are sound.'²⁹

On this note of sober agreement they left it, except for its recommendation that doctors might be 'commandeered' during an epidemic, a suggestion which evoked more unfavourable comment by itself than the Report's other 142 sections.³⁰

If Parliament failed to give due consideration to the Influenza Epidemic Commission's Report, it did at least heed its urgent call for the creation of a full-scale Public Health Department with appropriate statutory powers.

Existing legislative provision for public health in South Africa was rudimentary. As the South Africa Act had almost completely overlooked this subject,³¹ public health after 1910 was still largely³² governed by such pre-Union health legislation as did

27. South African Medical Record, 8/3/1919, p.65.

28. Medical Journal of South Africa, February 1919, p.365.

29. Ibid., p.366.

30. South African Medical Record, 8/2/1919, p.33-36; 8/3/1919, pp.66-67; 22/3/1919, pp.82-83; Medical Journal of South Africa, February 1919, p.366.

31. E H Cluver: Public Health in South Africa (6th edition, Cape Town, 1959), p.337.

32. Provincial Councils were empowered to legislate on hospitals and school medical inspection, while they had to approve all local health measures passed by local authorities.

exist. In the main, however, this was 'obsolete or inadequate', Sir Thomas Watt explained,³³ 'conflicting in their provisions and difficult to administer and reconcile'.³⁴ Very little central control of public health was legally possible and no provision was made for dealing with disease on a national scale. After Union, a Public Health branch had been created within the Department of the Interior with this duty, but even when it was elevated to a full sub-department at the end of 1917, its scope and functions remained vague, undefined and uncertain and its staff small in number.³⁵

Two attempts had been made in 1911 and 1912 to enact very limited Public Health Bills, but these had met with such opposition from local and medical interests that they had been dropped. Thereafter, a comprehensive bill was drafted and widely circulated for comments; most of these called for significant changes.³⁶ Finally, in 1918 it was decided to put the amended draft before a broadly representative Public Health Conference, to try to reach agreement on the general principles of the bill before proceeding with it. With dramatic irony, this conference met at Bloemfontein between 16 and 18 September, just as (unbeknown to it) the first signs of the Spanish 'flu were appearing in South Africa. This conference unexpectedly reconciled many of the divergent views held by the delegates and at the close, Dr J A Mitchell of the Public Health Department was asked to embody these conclusions in a new draft bill which would be presented to

33. Transvaal Archives: TPS 53, file 9907, Minutes of Proceedings of Public Health Conference, Bloemfontein - Report, p.1.

34. Debates of the House of Assembly ... as reported in the Cape Times, vol. 4, p.23, col. 2.

35. See ch. 6, p.189.

36. Union of South Africa: Report of the Select Committee on the Public Health Bill, SC 3-'19, p.216; Union of South Africa: Annual Departmental Reports (Abridged), no. 1, 1920-1: Department of Public Health, UG 8-'22, p.132; Union of South Africa: Report of the National Health Services Commission, UG 30-1944, p.19, para. 18; Diamond Fields Advertiser, 9/11/1918, p.5; M O'Reagain: The Hospital Services of Natal (Durban, 1970), pp.38-39; Transvaal Archives: TPS 53, file 9907, Minutes of Proceedings of Public Health Conference, Bloemfontein - Report, pp.3, 10; Kimberley Public Library: Kimberley City Council Unnumbered file, dossier 676; OFS Archives: PAS 837, file 3199, Batch 1.

Parliament as soon as possible.³⁷

However, Mitchell did not get very far before the 'flu epidemic burst around him and it was not until well into November that he was able to turn his mind to the bill again. By this time the need for comprehensive public health legislation had been made undeniably clear by the gross failure of the existing organisation to deal with the epidemic. Throughout the country the demand for rapid and concrete action in this direction was clamorous. The Friend was one of several newspapers to express this sentiment, pointing out that the calamity of the 'flu 'affords as terrible an object lesson of the need of a Public Health Act administered in the main by a central authority as Nature in her most maleficent mood could have devised'.³⁸

'It is a pity that Parliament was not in session at the time, so that our legislators could have been brought face to face as a body with the consequences of their past neglect'

remarked The People's Weekly trenchantly.³⁹ The Governor-General certainly thought that it was

'essential ... (and it would be almost criminal to lose this golden opportunity) to deal with the question, and pass a Public Health Bill ... next Session [which] ... though bristling with difficulties could, in the present state of public opinion ... if handled tactfully and courageously, be carried with general support and approval.'⁴⁰

37. On the Bloemfontein Conference, see Transvaal Archives: TPS 53, file 9907, Minutes of Proceedings of Public Health Conference, Bloemfontein; SADF Archives: DC 1305, file M4570, Agenda and Documents on Public Health Conference; Medical Journal of South Africa, September 1918, pp.256-257; Municipal Journal of South Africa, September 1918, p.3; January 1919, pp.41-43; UG 8-'22, p.132; UG 30-1944, pp.19-20, paras. 19-22; Cape Times, 24/9/1918, p.8; 26/9/1918, p.5; 27/9/1918, Editorial; M O'Reagain: The Hospital Services of Natal, p.39; E H Cluver: Medical Health and Legislation in the Union of South Africa (Cape Town, 1960), p.5.

38. The Friend, 22/10/1918, Editorial. For similar opinions see editorials in Diamond Fields Advertiser, 9/11/1918 and in De Volkstem, 19/11/1918.

39. People's Weekly, 12/10/1918, Editorial.

40. Central Archives: A1 (Smuts Collection), vol. 203, Buxton to Smuts, 5/11/1918.

In the light of these demands, the severe criticism levelled at the Public Health Department and the fear of a return by the 'flu, Watt offered Dr Mitchell every assistance to complete drafting the new bill as quickly as possible. Working long hours undisturbed at home,⁴¹ Mitchell was able to do so and the bill was published in the Government Gazette on 6 January 1919.⁴² 'Very sorry the Bill had to be prepared so hurriedly, allowing no time to consult several - including yourself [sic] - whom I should very much like to have consulted at the early stage,' wrote Mitchell apologetically to the Transvaal Medical Inspector of Schools soon after the bill had appeared.⁴³

The new bill was substantially different from the earlier draft.⁴⁴ It provided for a completely separate Department of Public Health under its own Minister and spelt out its functions and powers as the overarching public health authority in the country in some detail.⁴⁵ While the Minister and his Department would hold ultimate authority for health matters, great care was taken not to infringe on Provincial or local spheres of jurisdiction. In this regard, the experience of the epidemic had merely strengthened the opinion of the Bloemfontein Conference that a single, centralised health authority was both impracticable and unwelcome. The responsibilities of local authorities were therefore carefully enumerated in the bill; significantly, they covered a far

41. Interview with Dr F K Mitchell.

42. Union of South Africa Government Gazette Extraordinary, vol. XXXV, no. 938, 6/1/1919, pp.ii-xlix.

43. UCT Library, MSS Department: BC 94 (Leipoldt Collection), A9.166, J A Mitchell to Dr C L Leipoldt, 16/1/1919.

44. A copy of this draft bill is in Transvaal Archives: TPS 53, file 9907, 'Bill To Make Provision for the Public Health' [C.490-(1)-'17].

45. However, the bill fell far short of the Labour Party's ideal of a state medical service. Though the Party was able to have the Transvaal Provincial Council carry a motion in favour of the establishment of such a service in the wake of the 'flu (The Star, 1/5/1919), the House of Assembly voted down the proposal in 1920 (Debates of the House of Assembly ... as reported in the Cape Times, vol. 5, p.215, cols. 1, 2).

wider range of areas than the original draft bill had. 'The influence and lessons of the recent epidemic are writ largely over the whole face of the Bill,' commented The Friend.⁴⁶

In legal terms, the bill was a typical example of the growing body of interventionist social legislation and administrative law then developing in Europe and the USA,⁴⁷ though it was characterised by extensive decentralisation in favour of Provincial and local authorities. For its time and place, it was 'an outstanding piece of legislation,' admitted the National Health Services Commission 25 years later, as it provided 'an excellent legislative code for the control of infectious diseases and environmental sanitation ... [and] placed specific primary responsibility for the public health of any area upon the local authority of that area, ...'⁴⁸ Its creation of a central Ministry of Health was, in the opinion of the Commission's chairman, 'indeed a "revolutionary" measure in its day'.⁴⁹ As a piece of broad social legislation, it was a pioneering Act in the Union.

Contemporary reaction to it was not enthusiastic, however: it was criticised as being 'un-South African',⁵⁰ (it drew extensively on British and New Zealand Acts), too autocratic,⁵¹ a threat to

46. The Friend, 11/1/1919, Editorial.

47. M Nathan and E N Thornton: The Public Health, Housing and Slums Act of the Union of South Africa (n.p., 1941), p.48.

48. UG 30-1944, p.20, para. 23.

49. Union of South Africa: Debates of the House of Assembly, vol. 51 (1945), col. 818.

50. De Volkstem, 17/1/1919, Editorial; 4/3/1919, p.9; 7/3/1919, Editorial; De Burger, 1/5/1919, p.4; 2/5/1919, p.2.

51. South African Medical Record, 8/2/1919, pp.43-45; 8/3/1919, pp.75-77; 12/4/1919, p.101; Medical Journal of South Africa, December 1918, pp.320-321; Johannesburg Municipality: Council Minutes, January - June 1919, Minutes 369th Meeting, 28/1/1919, p.22; SC 3-'19, pp.180-188.

local initiative,⁵² superficial⁵³ and dated and amateurish in many of its provisions.⁵⁴ 'Opposition is, of course, to be anticipated,' predicted Mitchell, as he braced himself for a protracted struggle.⁵⁵ Yet, so sharp was the memory of the epidemic that circumstances for its enactment were unusually propitious. The South African Medical Record believed:

'That the Bill will meet with much opposition of the parish pump order we have no doubt, but we indulge the hope that the fact of the recent influenza epidemic being still fresh in the memories of our legislators of the more obtuse type will give it a better chance of a passage without material mutilation than would have been the case otherwise.'⁵⁶

The Cape Times agreed that the urgent need for public health to be placed on a 'sound and efficient basis' had never been 'more clearly demonstrated than in October last,'⁵⁷ while The Friend believed that with such an object lesson as the epidemic, 'there is little doubt that ... representatives in Parliament will not hesitate to adopt proposals which, even under normal circumstances, would have stood little hope of acceptance'.⁵⁸ The 'need of some Public Health Act is so urgent that the passage of the measure in its present form is to be preferred to further delay', concluded the Medical Journal of South Africa.⁵⁹

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- 52. Cape Archives: 4/CT, vol. 1/1/1/22, p.53; Johannesburg Municipality: Council Minutes, January - June 1919, Minutes Special Meeting, 15/2/1919, p.60 (Annexure A).
 - 53. South African Review, 31/1/1919, p.7; 14/2/1919, p.21.
 - 54. Medical Journal of South Africa, December 1918, pp.319-21; March 1919, pp.387-88; June-July 1919, pp.469-471.
 - 55. UCT Library, MSS Department: BC 94 (Leipoldt Collection), A9.166, Mitchell to Dr C L Leipoldt, 16/1/1919.
 - 56. South African Medical Record, 11/1/1919, p.3.
 - 57. Cape Times, 16/1/1919, Editorial.
 - 58. The Friend, 11/1/1919, Editorial.
 - 59. Medical Journal of South Africa, March 1919, p.388.

These forecasts proved correct when the bill came before Parliament. Always in the background as the bill made its way through both houses and a Select Committee was the Spanish 'flu epidemic. It 'induced a spirit of compromise both in and out of Parliament', noted the Government Law Adviser, 'a spirit which it is doubtful would have existed except for the remembrance of what the public suffered in the epidemic'.⁶⁰

When opposition to particular clauses threatened to hold up progress interminably, the memory of the 'flu forced MLAs to accept provisions for which they did not care so Watt might press on with the bill.⁶¹ On at least two occasions, municipal associations were so anxious about the bill's fate, that they made special representations to their MLAs: early in March, when it seemed as if the Select Committee was spinning out its deliberations unduly, P D Cluver, president of the Association of Municipal Corporations of the Cape Province and chairman of the Influenza Epidemic Commission, wrote to several Cape mayors requesting them to urge their MLAs to expedite the bill's passage. He pointed out:

'There is considerable danger of the Public Health Bill being shelved for this Session which would indeed be calamitous as during next Session Parliament is not likely to deal with the matter especially when the fear for the Epidemic has evaporated [sic].'⁶²

To a similar request by the United Municipal Association of South Africa in May,⁶³ a Unionist MLA replied reassuringly that

60. Central Archives: PM 1/1/449, file PM 1/30/10/19, Report on the Public Health Act 1919 by E L Matthews, Law Adviser, 29/7/1919, p.4.

61. For example, see Debates of the House of Assembly ... as reported in the Cape Times, vol. 4, p.295, col. 1.

62. Kimberley Public Library: Kimberley City Council Unnumbered file, dossier 676, P D Cluver to J Orr, 12/3/1919. Already at the Epidemic Expenditure conference in January 1919 the Executive Committee of this Association had been 'instructed to watch the progress of the Public Health Bill' (Cape Archives: 3/CT, vol. ADD. 6/2, p.413).

63. At this time, National Party objections were threatening to delay the passage of the bill (Debates of the House of Assembly ... as reported in the Cape Times, vol. 4, p.279).

'the Government are practically committed to passing it, and a very substantial majority is prepared to assist them to do so ... The best aid most members can give to the passage of the bill is to remain silent and vote straight'.⁶⁴

The bill was finally passed in June 1919, though with several significant additions to it.⁶⁵ In its final form, the Public Health Act 'may be said to be the product of the Influenza Epidemic', summed up the Cape Times,⁶⁶ while Cape Town's MOH was firmly of the opinion that, 'Had it not been for the compelling forces of the dreadful and disastrous epidemic of influenza it is doubtful whether such a measure would have been passed, or at any rate it would only have been passed in a very emasculated form'.⁶⁷

The Act itself, though amended on 21 occasions during the next half-century,⁶⁸ remained South Africa's basic public health measure until 1977, when it was superseded by a new Public Health Act. 'It is amazing how well this [1919] Act has stood the test of time', declared the Opposition spokesman on Health during the debate on the new bill.⁶⁹ 'If the 1919 Act can serve as an example of how legislation can last if it is done thoroughly, this Bill, which we regard as a much better piece of legislation than the 1919 Act, should do the same.'⁷⁰

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- 64. OFS Archives: MBL 4/3/1/81, file 172/2/2, H F Blaine to Mayor of Bloemfontein, 7/5/1919.
 - 65. Statutes of the Union of South Africa, 1919: Act to make Provision for the Public Health, No. 36 of 1919. This should be compared with the draft bill in the Government Gazette Extraordinary, vol. XXXV, no. 938, 6/1/1919.
 - 66. Cape Times, 23/6/1919, Editorial.
 - 67. Child Welfare Conference: Report of Proceedings of Third Annual Conference, 1919, p.40.
 - 68. Republic of South Africa: House of Assembly Debates, 1977, col. 3137.
 - 69. Ibid., col. 3151.
 - 70. Ibid., col. 4630.

In terms of the 1919 Act, the new Department of Public Health came into being on 1 July 1919, with Dr Mitchell as Secretary and Sir Thomas Watt as Minister of Public Health.⁷¹ Dr Arnold retired on pension.⁷²

If a second dose of the dreaded 'flu epidemic was to be avoided, however, the existing Public Health Department could not wait for the Public Health Bill to be enacted and to come into full operation.⁷³ Every possible omission which had allowed the calamity of 'Black October' to occur had to be rectified as quickly as possible.

As a first step, the Department had to be aware of the prevalence of epidemics in countries with which South Africa had regular intercourse. Even before the Influenza Epidemic Commission had made a recommendation to this effect,⁷⁴ the Public Health Department had taken action: in January 1919 the Union asked Britain and the Dominions to telegraph this information to it in return for similar reports that it would send them⁷⁵ - over the next

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71. Union of South Africa Government Gazette Extraordinary, vol. XXXVI, no. 979, 24/6/1919, p.iv, Government Notices 822, 823; Union of South Africa Government Gazette, vol. XXXVII, no. 983, 4/7/1919, p.3, Government Notice 876. In 1920, in accordance with a recommendation by the Influenza Epidemic Commission (UG 15-'19, para. 39 and p.32), it was decided that one of the Department of Public Health's two Assistant MOHs in Pretoria would also fill the position of Director of Medical Services in the UDF in peacetime (SADF Archives: DC 1293, file 1652, Annual Reports of Medical Services Section, 15/7/1921 and 30/6/1923; DC 1928, file 300, Documents 1-7; UG 8-'22, p.157).
72. Medical Journal of South Africa, June-July 1919, p.493.
73. The Public Health Act as a whole came into operation only on 1 January 1920 (Cape Archives: 3/UIT 28, vol. 4, Circular no. 35 of 1919 from Department of Public Health, 30/12/1919).
74. UG 15-'19, para. 83.
75. Central Archives: GG 925, file 33/1082, Ministers' Minute no. 128 to Governor-General, 29/1/1919; Debates of the House of Assembly ... as reported in the Cape Times, vol. 4, p.128, col. 2; UG 8-'22, p.134.

two years it expanded its epidemic notification network to neighbouring countries and other parts of the Empire.⁷⁶ To gain knowledge of outbreaks in other countries, in 1920 it joined the International Bureau of Public Health in Paris, which issued monthly bulletins by post on outbreaks of epidemics all over the world.⁷⁷

Nor was the Union Public Health Department content to rely solely on other governments for notification of epidemics. From March 1919, all South Africa-bound ships fitted with radio were requested to report outbreaks of infectious diseases on board to the naval wireless stations at Port Nolloth or Durban.⁷⁸ Subsequently, this information was radioed directly to the appropriate Port Health Officer.⁷⁹

It was at South Africa's ports, the points of actual contact with the overseas world, that the strictest precautions had to be taken. With the outcry over the 'Jaroslav' and 'Veronej' fresh in mind, port health officers became extra vigilant for 'flu and the UDF decidedly overcautious: for instance, in the middle of October 1918 all patients aboard a newly-arrived hospital ship which had reported 'flu were quarantined on Durban's Salisbury Island,⁸⁰ while early in November the same port's police patrolled

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- 76. Central Archives: GG 926, file 33/1146, Ministers' Minute to Governor-General, 15/10/1919; file 33/1150, Mauritius Agreement; file 33/1177, Ministers' Minute no. 38 to Governor-General, 13/1/1920; file 33/1205, Governor Nyasaland to Governor-General Union of South Africa, 26/5/1920; GG 927, file 33/1124, Milner to Connaught, 30/11/1920.
 - 77. UG 8-'22, p.134; Medical Journal of South Africa, December 1920, p.94.
 - 78. Central Archives: GG 1050, file 43/538, C-in-C Africa Station to Governor-General, 30/9/1919; GG 930, file 33/1449, '8th Report by British Delegate to Session of Office Internationale d'Hygiene Publique May 1923', Appendix 2, p.29; UG 8-'22, p.134.
 - 79. Central Archives: GG 930, file 33/1449, '8th Report ... May 1923', Appendix 2, p.29.
 - 80. SADF Archives: DC 1303, file 4003, ADMS, Durban to DMS, 16/10/1918; 'Report on Influenza Epidemic in Durban Military Area' by ADMS, Durban, 29/11/1918, sections 9-11; The Nongqai, November 1918, p.525.

the quay to make sure no-one disembarked from a 'flu-infected Australian troopship en route for England.⁸¹ Even the repatriation of South African troops from Tanganyika was questioned, lest 'flu break out on the voyage. A senior officer asked, 'Unless the ship has proper & adequate medical officers & arrangements are we not risking a scandal by bringing troops on them now?'⁸² Because of this possibility, the return of these troops was temporarily halted.⁸³

At the end of November the Public Health Department formulated more stringent port health measures for ships on which 'flu had occurred. Contact between ships and shore was to be restricted and existing or suspected cases were to be effectively isolated on board or ashore.⁸⁴ In addition, local authorities were to be notified of any passengers who had disembarked and were proceeding to their districts - in fact, in 1919 the Public Health Bill was amended to make such notification obligatory on port health officers.⁸⁵ At the request of the Influenza Epidemic Commission⁸⁶ and the Municipality of Cape Town⁸⁷ they were also to inform the local authority of the district in which the port lay of the presence of infectious diseases on arriving ships.⁸⁸ Explaining the need for this, the Town Clerk of Cape Town referred to the 'Jaroslav' episode and pointed out that 'No notification was given

81. The Nongqai, December 1918, p.577.

82. SADF Archives: WW1 1SD 24, file 685, Note by Lt Col Tait (?) to CGS on telegram from Adminstaff, Dar-es-Salaam to Uneca, 19/10/1918.

83. SADF Archives: WW1 1SD 24, file 685, Telegram from Uneca to Adminstaff, Dar-es-Salaam, 21/10/1918.

84. UG 15-'19, Appendix H.

85. Act 36 of 1919, section 81 (2).

86. UG 15-'19, para. 133.

87. SC 3-'19, pp.66-67; Cape Archives: 3/CT, vol. 1/1/1/75, p.314; vol. 1/4/7/1/1/10, pp.109, 113, 170.

88. Act 36 of 1919, section 74.

to the Municipal authority of any infectious disease on board of this ship'. The Council believed that 'the City authority should be made aware of all cases of disease arriving at the Port'.⁸⁹

With the 'flu continuing in Europe, over the next few months the tighter port health regulations were applied to several ships which arrived with 'flu on board'.⁹⁰ It was fully intended to follow this procedure too in the case of the 'Kenilworth Castle' which reported that, since leaving Madeira, 29 cases of influenza had occurred aboard, with two deaths. However, this particular case was raised in Parliament in an emergency debate on 5 March 1919, letting loose a flood of panic and alarm among MLAs lest the epidemic be re-introduced through the non-application of full quarantine measures.⁹¹ Little store was set by the Influenza Epidemic Commission's conclusion on the inefficacy of maritime quarantine. 'We had gone through an experience [in 1918] which we could not face again,' declared a Government MLA who was also a doctor, 'and we should leave nothing undone which was humanly possible to close the door to the danger which was threatening us ... The Government should err on the side of severity and quarantine absolutely.'⁹² If the Government 'failed to quarantine the ship and the disease was as a result reintroduced,' predicted another MLA, this would raise 'a terrible storm throughout South Africa'.⁹³

In the face of this pressure (and in response to a plea from

89. SC 3-'19, p.66.

90. Debates of the House of Assembly ... as reported in the Cape Times, vol. 4, p.129, col. 3; Cape Times, 2/11/1918, p.8.

91. Debates of the House of Assembly ... as reported in the Cape Times, vol. 4, pp.128-129. For a detailed account of this incident see H Phillips: 'Cape Town and the "Kenilworth Castle" Episode of 1919' in Cabo, vol. 3, no. 3 (1984), pp.28-32.

92. Debates of the House of Assembly ... as reported in the Cape Times, vol. 4, p.129, col. 1.

93. Ibid., p.129, col. 2.

the Mayor of Cape Town, not to allow anyone to land from the 'Kenilworth Castle'⁹⁴) the Government proclaimed epidemic influenza a quarantinable disease⁹⁵ and took appropriate steps: those aboard the ship who had suffered from influenza or were still laid up with it were landed and sent to the City Isolation Hospital,⁹⁶ while emergency preparations were made to isolate all passengers wanting to disembark in Cape Town at a temporary isolation centre at the Alexandra Hospital.⁹⁷ The ship itself was put under five days' quarantine in Table Bay,⁹⁸ but as no new cases developed on board during this period, Cape Town-bound passengers were thereafter permitted to land.⁹⁹ All luggage¹⁰⁰ and mail¹⁰¹ landed from the steamer were thoroughly fumigated as they were brought ashore. Fear of a second 'Black October' demanded nothing less.

Chastened, the Government immediately tried to ensure that in future all passengers entering the Union from Britain would be medically examined prior to embarkation and that every ship was provided with adequate isolation accommodation to isolate any 'flu cases on the voyage effectively.¹⁰² 'You will remember the terrible influenza epidemic which raged in South Africa;

94. Cape Archives: 3/CT, vol. 1/4/7/1/1/10, pp.147, 149.

95. Union of South Africa Government Gazette Extraordinary, vol. XXXV, no. 953, 6/3/1919, Proclamation by Governor-General, 6/3/1919.

96. Cape Times, 7/3/1919, p.7.

97. SADF Archives: DC 424, file 51768, Acting Secretary for Defence to Dr J A Mitchell, 7/3/1919.

98. Cape Times, 6/3/1919, p.7.

99. Cape Times, 11/3/1919, p.7.

100. Cape Times, 12/3/1919, p.7.

101. South African Postal and Telegraph Herald, April 1919, p.131.

102. Central Archives: GG 925, file 33/1092, Ministers' Minute no. 358 to Governor-General, 8/3/1919; SADF Archives: DC 1304, file M/4501 vol. 5, Telegram from W P Schreiner to Sir Thomas Watt, 16/4/1919.

also the outbreak on the "Kenilworth Castle",' wrote the Secretary of the South African High Commission in London to the Controller of Shipping. 'No step which it is humanly possible to take should be left untaken to guard against the slightest chance of a recurrence of an outbreak on board ship.'¹⁰³ These representations were in vain, as shipping companies declared themselves unable to accede to the Union Government's requests.¹⁰⁴ On the other hand, the UDF was able to demand and obtain adequate isolation and disinfection facilities on the troopships carrying its troops home. Furthermore, these soldiers were medically examined for signs of 'flu and inoculated before boarding.¹⁰⁵

The Public Health Department was determined that from a quite different source there should be no re-infection either. It strongly advised the OFS Provincial Administration that the period before a corpse could be exhumed for re-burial elsewhere should be extended from 18 months (the usual period in cases of death from an infectious disease) to two years in the case of Spanish 'flu victims. Even after this period, it warned,

'the coffin should be placed in a stout metal case, which should then be hermetically soldered up. The work of handling the coffin and sealing up the metal case should be carried out entirely by the Undertakers; a supply of disinfectant solution should be provided and freely used by them'.¹⁰⁶

Presumably, the other provinces were similarly advised.

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- 103. SADF Archives: DC 1304, file M/4501 vol. 5, Secretary South African High Commission to Controller of Shipping, 28/4/1919.
 - 104. SADF Archives: DC 1304, file M/4501 vol. 5, Secretary Union-Castle Mail Steamship Company Ltd to Secretary, High Commissioner for the Union of South Africa, 17/4/1919; Central Archives: PM 1/1/238, file 110/35/1917, General Manager United Kingdom Chamber of Shipping to Assistant Secretary (Marine Department), Board of Trade, 10/6/1919.
 - 105. SADF Archives: DC 1304, file M/4501 vol. 5, DDMS South African Contingent, London to Secretary, High Commissioner for the Union of South Africa, 21/4/1919.
 - 106. OFS Archives: PAS 555, file 1274/2 no. 3, Secretary for Public Health to Provincial Secretary, Bloemfontein, 30/1/1920.

It was a similar fear of infection from corpses at the height of the epidemic which subsequently prompted several local authorities to give favourable consideration to the arguments of those who called for the establishment of crematoria. 'The ghastly scenes so recently enacted at Maitland Cemetery have apparently awakened some of the public to the necessity for such a beneficial change', pointed out one pro-cremation journal.¹⁰⁷ The 1919 Congress of the Association of Municipal Corporations of the Cape actually passed a resolution requesting the enactment of the necessary legislation,¹⁰⁸ but it was not until 1926 that an ordinance for the regulation of crematoria was passed in the Cape.¹⁰⁹ Cape Town's first officially-built crematorium was opened in 1934;¹¹⁰ by then Durban and Johannesburg were already operating their own.¹¹¹ Despite the delay, it is clear that the 'flu epidemic gave a decided thrust to the cremationist movement in South Africa.

If all these preventive measures failed and the 'flu did re-appear in epidemic form, the Public Health Department was adamant that the Union should at least be better prepared to meet it than in 1918. Its role in this was to forearm the country by spreading advice on prevention and treatment, alerting the population if a recurrence threatened, prompting local authorities to draw up

107. Insurance, 1/11/1918, p.2932. See too IEC, vol. 2, file 8 part 2: Evidence of Mrs M S Walsh, p.1; OFS Archives: MBL 4/3/1/43, file 101/5/4, Circular letter from Theosophical Society in South Africa; Cape Archives: 3/CT, vol. 1/4/7/1/1/10, p.67; Municipal Journal of South Africa, July 1919, pp.58-59; Corporation of the City of Cape Town: Minute of the Mayor for Year Ending 4/9/1919, p.33; Cape Times, 26/10/1918, p.8; Cape Argus, 29/10/1918, p. 3 (Letter from F Z S Peregrino); Diamond Fields Advertiser, 15/11/1918, p.8 (Letter from 'Enquirer').

108. Daily Dispatch, 14/6/1919, p.7. The Public Health Department gave its approval to this resolution (CACT: 3/CT, vol. ADD 1/1, pp.298-299).

109. Cape Times, 28/7/1926. See Ordinance no. 6 of 1926.

110. Cape Times, 9/10/1934. This was not the first crematorium in the city, however; the local Hindu community had built a simple crematorium next to Maitland Cemetery in 1903 (Cape Times, 22/9/1921).

111. Cape Times, 26/8/1929, Editorial; Standard Encyclopaedia of South Africa, vol. 3 (Cape Town, 1971), p.477.

contingency plans and trying to improve the underlying bases of good health. Especially in the two years after 1918, the Department worked hard at these functions, as several times in this period a fresh outbreak was anticipated. Taken together with the preventive strategy outlined above, these measures, though directed specifically at a recurrence of the 'flu epidemic, brought into being for the first time in South Africa, a framework for combating infectious diseases on a national scale.

The Department's first task after 'Black October' was to gather what information it could on the disease and how best to treat it. The British Local Government Board¹¹² and the United States Army Surgeon-General¹¹³ were approached for their advice, while efforts were made to carry out the Influenza Epidemic Commission's strong recommendation that research into influenza should continue apace.¹¹⁴ 'Whatever it is possible to do we have told the Institute of Medical Research to carry on and we shall foot the bill', Sir Thomas Watt told Parliament grandly.¹¹⁵ Perhaps not quite to this extent, but ungrudgingly nonetheless, this promise was honoured and, as indicated earlier,¹¹⁶ influenza research by the South African Institute for Medical Research continued all through the next decade, with financial and practical support from the Government. The same was true elsewhere in the world. In 1919 the Institute reported:

'The disastrous pandemic of 1918 arrested the attention of peoples and governments to a degree unparalleled [sic] in the history of any disease hitherto experienced in our times. On no previous occasion have so many workers of experience and great repute simultaneously investigated a single disease in a world-wide

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- 112. Central Archives: GG 925, files 33/1073 A and 33/1082 B contain memoranda sent by the Local Government Board.
 - 113. Central Archives: GG 924, file 33/1064, Telegram from Governor-General to H M Ambassador, Washington, 19/12/1918.
 - 114. UG 15-'19, paras. 98-103, 125.
 - 115. Debates of the House of Assembly ... as reported in the Cape Times, vol. 4, p.247, col. 3.
 - 116. See ch. 6, p.227.

field.¹¹⁷

Yet, merely gathering fresh information and advice was not enough - it had to be sifted and then passed on to the public. This the Department did, mainly through circulars, leaflets and notices in the press.¹¹⁸ It even obtained a copy of a new British film on the treatment of 'flu and arranged for it to be screened in the main towns.¹¹⁹

As important, in the light of what had happened in 1918, was that the Department should not be caught napping by a fresh outbreak of 'flu in the Union. 'Wire immediately particulars recrudescence or new outbreak influenza occurring your district,' magistrates were instructed in January 1919¹²⁰ and in the next two years the Department repeated this peremptory call often.¹²¹ For such notification to be as prompt as possible, it was necessary that not only the Minister of Health, but also local authorities (as the Influenza Epidemic Commission pointed out¹²²) should be able to have epidemic influenza declared notifiable. This was provided for in the new Public Health Act.¹²³ Insofar as alerting the rest of the country of any re-appearance of the disease,

117. South African Institute for Medical Research: Annual Report for 1919, p.22.

118. Transvaal Archives: Magistrate Marico 4/3/26, Circulars no. 35 of 1918 and no. 12 of 1919 from Department of Public Health, 11/12/1918 and 10/3/1919; MMG 4/1/2, file 13, Circular no. 11 of 1920 from Department of Public Health, 9/4/1920; Central Archives: SAS 885, file G18/12, Circular no. 21 of 1919 from Department of Public Health, 22/7/1919.

119. Central Archives: SAS 885, file G18/12, Circular no. 21 of 1919 from Department of Public Health, 22/7/1919.

120. Cape Archives: 1/CAA 9, file 17 vol. 6, Telegram from Department of Public Health to Magistrate Cala, 14/1/1919.

121. Transvaal Archives: Magistrate Marico 4/3/26, Circular no. 12 of 1919 from Department of Public Health, 10/3/1919; Magistrate Ventersdorp 6/13/3 vol. 1, file 2/6/18, Circular no. 20 of 1919 from Department of Public Health, 15/7/1919; Town Clerk Krugersdorp, Packet 598, Circular no. 5 of 1920 from Department of Public Health, 3/2/1920.

122. UG 15-'19, paras. 119-121.

123. Act 36 of 1919, section 18 (2d).

the Department relied on its circulars and its bulletins which appeared in the Government Gazette and in the press.

'Black October' had also taught the Department how valuable it was to have doctors, nurses and equipment under its authority, to allocate as it deemed best. A majority on the Influenza Epidemic Commission had recommended 'requisitioning the services' of doctors in times of epidemics,¹²⁴ but this had provoked such a furore from the medical profession¹²⁵ that the clauses in the Public Health Bill authorising this¹²⁶ had been dropped.¹²⁷ As a result, in July 1919, when the many cases of influenza in the country again gave cause for concern, the Public Health Department tried to arrange for the UDF to retain medical¹²⁸ and nursing staff and equipment for its use.¹²⁹ The UDF would not guarantee to provide the personnel, but it promised to give whatever help it was able to should an emergency arise.¹³⁰ Equipment it made available almost at once, however, and the

124. UG 15-'19, para. 97 and p.18.

125. SC 3-'19, pp.158-165, 180-188; South African Medical Record, 8/2/1919, pp.33-36, 43-45; 8/3/1919, pp.66-67, 75-76; 22/3/1919, pp.82-83; 12/4/1919, pp.101-102; Medical Journal of South Africa, December 1918, pp.320-321; February 1919, p.366; March 1919, p.387.

126. Clauses 36 and 44(2) of the draft Public Health Bill of 1919 (printed in Government Gazette Extraordinary, 6/1/1919).

127. Debates of the House of Assembly ... as reported in the Cape Times, vol. 4, p.271, cols. 2, 3.

128. On this occasion, the Department of Public Health specified that the doctors allocated 'must know colloquial Dutch' (SADF Archives: DC 357, file 40170, Chief Health Officer to Secretary for Defence, 3/7/1919). See ch. 6, p.206.

129. SADF Archives: DC 357, file 40170, Chief Health Officer to Secretary for Defence, 3/7/1919.

130. SADF Archives: DC 357, file 40170, Acting Secretary for Defence to Chief Health Officer, 8/7/1919. It may have been this less than complete assistance from the UDF which prompted the appointment of a Public Health Department Assistant MOH as the UDF's Director of Medical Services the following year (see note 71 above).

Public Health Department made provision for this to be stored at its depot at Sterkstroom.¹³¹ At the same time, the Department arranged for adequate supplies of vaccine and petrol to be available if needed.¹³²

Despite these preparations of its own, the Public Health Department knew that in any epidemic local authorities would once again constitute the front line of battle. 'If an epidemic wave of the disease were to sweep over the Union within the space of two or three weeks - as happened in 1918', it warned, 'Local Authorities would have to rely mainly on their own local resources'.¹³³ It therefore saw as of prime importance the need to ensure that towns and villages prepared themselves in accordance with what the Influenza Epidemic Commission had termed 'mobilisation plans'.¹³⁴ Month in and month out the Department cajoled and prodded each local authority to draft a 'skeleton plan of campaign to be brought into operation at the "touch of the Council's button":¹³⁵ local emergency committees should be nominated, suitable buildings designated for use as temporary hospitals, a shadow system of relief prepared, all volunteers registered, supplies earmarked and medical and nursing personnel secured.¹³⁶ 'To postpone preparation

131. SADF Archives: DC 357, file 40170, Secretary for Public Health to Secretary for Defence, 9/7/1919.

132. Central Archives: SAS 885, file G 18/12, Circular no. 21 of 1919 from Dept of Public Health, 22/7/1919.

133. Transvaal Archives: MMG 4/1/2, file 13, Circular no. 11 of 1920 from Dept of Public Health, 9/4/1920.

134. UG 15-'19, para. 92.

135. Cape Archives: 4/CT, vol. 1/2/1/1/26, p.256.

136. Transvaal Archives: Magistrate Marico 4/3/26, Circulars no. 35 of 1918 and 12 of 1919 from Dept of Public Health, 11/12/1918 and 10/1/1919; MMG 4/1/2, file 13, Circular no. 11 of 1920 from Dept of Public Health, 9/4/1920; Central Archives: SAS 885, file G 18/12, Circular no. 21 of 1919 from Dept of Public Health, 22/7/1919; Cape Archives: 1/CT, 15/4, Circular no. 13 of 1919 from Dept of Public Health, 10/3/1919.

and organization until the emergency arises might be disastrous', warned the Department gravely. 'The Government, on its part, will give every assistance in its power, but to expect it to achieve impossibilities at the eleventh hour can only lead to disappointment'.¹³⁷

Most of the bigger towns in the Union, especially those which had felt the heavy hand of 'Black October', needed little prodding to frame contingency plans and to make preliminary preparations along the lines suggested by the Public Health Department. Their state of readiness fluctuated, in accordance with their fears of a recurrence, but as late as 1929 Cape Town, for instance, was still relying on an updated version of its original plan to meet any new wave of influenza.¹³⁸

Not every local authority was convinced that such schemes offered the best means of defence. Several small country towns put their faith in isolating themselves as completely as possible. When a recurrence of 'flu threatened in 1919, Riversdale forbade entry to anyone who did not possess a medical certificate stating that he or she was neither a 'flu sufferer nor a 'flu contact,¹³⁹ while Humansdorp imposed a ten-day quarantine on all visitors from infected areas.¹⁴⁰ In Ladybrand the town council was so anxious that its ban on indoor public gatherings should be upheld to prevent the spread of 'flu in the town, that it had a summons issued against the local DRC Kerkraad for holding its service indoors on Good Friday.¹⁴¹ The Attorney-General of the OFS declined to

137. Transvaal Archives: MMG 4/1/2, file 13, Circular no. 11 of 1920 from Dept of Public Health, 9/4/1920.

138. Cape Times, 30/1/1929.

139. Daily Dispatch, 17/7/1919, p.5.

140. Daily Dispatch, 21/6/1919, p.7. See ch. 7 for 1918 precedents.

141. DRC Archives, Bloemfontein: Notule van die Ladybrand Kerkraad 1913-1928, pp.259-260; Diamond Fields Advertiser, 26/4/1919, p.5; J A Bosch: Ladybrand 1867-1967 (Bloemfontein, 1967), pp.65-66.

prosecute.¹⁴²

Government Departments other than the Public Health Department showed that they too had learnt the need for a change in policy with regard to what they had done or not done in 1918. Emboldened by the Influenza Epidemic Commission's recommendation¹⁴³ and the authorizing clauses in the Public Health Bill then before Parliament,¹⁴⁴ the SAR & H reversed its previous decision not to bar passengers who might be infected. In response to a request from the Public Health Department in April 1919,¹⁴⁵ it refused to allow Black passengers on trains to or from Jagersfontein where 'flu had broken out. Only those Blacks who had permission from the local magistrate were exempted.¹⁴⁶

Provincial Education Departments also changed their stance. The arguments of school medical inspectors such as Dr C L Leipoldt against the closing of schools in times of an epidemic¹⁴⁷ were much strengthened by the experience of 1918 and, as a result, Education Departments adopted a tougher line on this issue. Closure, explained the Cape Education Department after consulting Leipoldt, 'is highly objectionable from the public health point

142. Diamond Fields Advertiser, 20/6/1919, p.7;
J A Bosch: Ladybrand, p.66.

143. UG 15-'19, para. 117.

144. Clauses 32, 36(a) and (n) and 44 (1e) of the draft Public Health Bill (printed in Government Gazette Extraordinary, 6/1/1919).

145. Central Archives: SAS 719, file G 119/5, Telegram from Dept of Public Health to General Manager SAR, 17/4/1919.

146. Central Archives: SAS 719, file G 119/5, Telegrams from Railways G to All Stations, 19/4/1919, and from SAR to Dept of Native Affairs, 19/4/1919.

147. IEC, vol. 1, file 1: Evidence of Dr C L Leipoldt, pp.27-28; Transvaal Education Department: Report on the Medical Inspection of Schools for 1918, TP 4-'19, pp.9-31; C L Leipoldt and P Eliás: Skoolgesondheid (2nd edition, Pretoria, 1919), p.75.

of view, as it tends to prevent the supervision of school-going children'. It made little sense unless all other places of assembly were closed too and children were kept strictly at home.¹⁴⁸ Particularly in towns, contended Leipoldt, 'closure is useless, a waste of money and of educational facilities, an interruption of the normal routine of the child's life and a sure means of engendering panic among the public and promoting a scare'.¹⁴⁹

In trying to implement this change in policy educational authorities had to struggle against deep-seated beliefs and customs - in some places schools had to be ordered to re-open.¹⁵⁰ Overall, however, from 1919 onwards there was a considerable reduction in the number of schools closed because of local 'flu outbreaks¹⁵¹ and the new principle of non-closure in the face of infectious diseases began to take root slowly. This is a typical example of how safety-measures, framed specifically against a recurrence of the 'flu epidemic, became standard procedure against outbreaks of all infectious diseases.

Not only institutions but individuals too took precautions to avert a repeat of 'Black October' and its unhappy consequences. Apart from those who altered their diet¹⁵² or way of life,¹⁵³ statistics show that in the months after the Spanish 'flu epidemic

148. Daily Dispatch, 14/7/1919, p.6.

149. Cape Times, 28/7/1919, p.10.

150. Diamond Fields Advertiser, 28/7/1919, p.8;
Education Department, OFS: Report for 1921, p.60.

151. Education Department, OFS: Report for 1920, pp.66-68;
Report for 1921, p.58.

152. See ch. 5, p.178.

153. *Ibid.*, pp.178-179.

there was a consequent and unprecedented rise, both in the number of new life insurance policies taken out and old ones extended. In 1919 new life business alone was estimated as worth £20 million, easily a South African record.¹⁵⁴ The Chairman of the Southern Life Association commented insensitively in his annual report:

'It is, in our opinion, all to the good that the public should have been impressed by the lesson of this severe experience to the extent of making provision as never before against the risks of death. It is possible that we may have to face visitations in the future of a similar nature,...',¹⁵⁵

The large number of young families left destitute by the death of their breadwinner had driven home the need for life insurance with extraordinary sharpness. Insurance companies had not been slow to exploit this new awareness. For instance, an Old Mutual advertisement pointed out:

'The Aftermath of a Great Scourge.
The anguish and suffering from the toll of lives in Black October (1918) are reflected in the hundreds of widows and orphans left almost helpless in our city.
REASON. Life Assurance neglected - No Endowments fixed for children - In one word, "Moneyless" and stranded. What a scathing indictment!
129,000 lives sacrificed and untold misery to the living for years to come. Can any Husband or Father hesitate to-day?'¹⁵⁶

A novel element in this campaign for new business was the screening of a series of cinema advertisements, jointly sponsored by all the country's insurance firms. The message conveyed by the sketch of a 'flu widow and her orphans, left destitute by the death of her uninsured husband could not be mistaken.¹⁵⁷

154. Insurance, 2/2/1920, p.3443.

For the new business figures of some leading companies, see Cape Times, 13/4/1920, p.8 (Southern Life); 28/6/1920, p.5 (Norwich Union); 12/10/1920, p.7 (Old Mutual); Insurance, 1/3/1920, p.3473 (African Life); De Burger, 24/12/1919, p.5 (Sanlam).

155. Cape Times, 13/4/1920, p.8.

156. The Cape, 7/2/1919, p.14.

157. One of these is reproduced opposite p.394.

Black October: November — 1918.



Unprovided & Destitute-
Breadwinner Died
UNINSURED.

Insurance Companies
operating in S. Africa
have paid over

**ONE
MILLION
POUNDS!**

during Oct. & Nov. to the
Widows & Orphans of
Breadwinners who died
in consequence of the "Flu"

The Epidemic may Return. Be Prepared.
Insure to the Hilt. — **DO IT NOW.**

Reproduction of Bioscope Slide shown throughout
South Africa by the African Theatres on behalf
of the Insurance Companies to emphasize the
benefits of life insurance in connection with the
1918 Epidemic of Influenza.

Cinema Advertisement by the South African Insurance Industry (from Insurance, May 1919, p.3141)

University of Cape Town

These advertisements, pointed out the local journal, Insurance, would

'prove an educative and effective aid to the life agents who are out to induce the uninsured and those who are insufficiently insured to take advantage of the benefits offered and so to prepare for any future visitation of the epidemic...'

As they would be seen all over South Africa,

'we believe that numbers who as yet hardly know the meaning of life insurance will read, mark, learn and inwardly digest the truths in question with the wished-for result that they will be ready and willing to sign the application when put before them by the agent...'¹⁵⁸

The result surely did not disappoint the insurance industry and there is no doubt that it was more than able to recoup what it had paid out through the deaths of policyholders in the 1918 epidemic.¹⁵⁹

The fledgling funeral assurance movement in South Africa was also given a substantial boost by the experience of the 'flu epidemic and, in the years after 1918, it gained support rapidly.¹⁶⁰ For instance, in 1921 AVBOB was established in Bloemfontein on the foundation of a burial society which had been set up in 1919 with the support of the local Afrikaanse Verbond, 'wys soos hy geword het deur sy ervaring in die griep',¹⁶¹ when its own tiny burial fund had been utterly overwhelmed by the demands made on it.¹⁶²

158. Insurance, 1/5/1919, p.1129.

159. See ch. 10, p.356.

160. Standard Encyclopaedia of South Africa, vol. 1 (Cape Town, 1970), pp.205, 579; Union of South Africa: Report of Select Committee on Insurance Amendment Bill, SC 8-'37, p.11; Report of Select Committee on Subject of Insurance Bill, SC 4-'43, pp.132, 138.

161. E Buys: Triomf van 'n Reddingsdaad - AVBOB en Van Rooljen (Pretoria, 1935), p.17.

162. *Ibid.*, p.16.

LONGER TERM MEASURES

To be sure, the visitation of Spanish 'flu had demonstrated how poorly prepared South Africa was to combat epidemics, but this was not all that it had revealed. It had shown up very clearly too, how neglected health matters were in general and what a grave danger this negligence posed to the health of all, irrespective of race or class. Referring to the health of Blacks, Ilanga lase Natal observed that the epidemic had made it 'perfectly obvious that a danger threatening them, threatens also the white population through them'.¹⁶³ Industrial South Africa noted how, 'From the slums, the disease [had] spread to the best and healthiest quarters', with appalling results.¹⁶⁴ Insofar as health was concerned, no man was an island.

As they visited the dwellings of the sick of all groups, middle-class Whites had been deeply shocked by their face-to-face encounters with congested and insanitary living conditions, inadequate medical facilities and personnel and widespread ignorance of hygiene, first-aid and basic health. Newspapers gave prominence to these 'discoveries' in exposés such as 'City's Rookeries',¹⁶⁵ 'Life In Our Super-Slum',¹⁶⁶ and 'Dirt, Disease and Death - The Town's Cesspools',¹⁶⁷ while leading citizens expressed astonishment to find 'that our fine residences and stately buildings covered in a hotbed of disease that would weaken the physical frame of the strongest and prove a fruitful source of contamination to the healthiest'.¹⁶⁸ Though medical opinion argued that such conditions had not produced the epidemic,¹⁶⁹

163. Ilanga lase Natal, 25/10/1918, Editorial.

164. Industrial South Africa, November 1918, p.320.

165. Cape Times, 23/10/1918, p.6.

166. Rand Daily Mail, 19/10/1918.

167. The Star, 11/11/1918.

168. Municipal Journal of South Africa, November 1919, p.77.

169. South African Medical Record, 9/11/1918, p.320;
Witwatersrand University Library, Historical and Literary
Papers Division: A 67 (Laidler Collection), Dr E Hill to
P D Cluver, n.d.

there was no doubt that they had materially assisted in its dissemination. Moreover, the very existence of such conditions pointed to a more fundamental problem, and this the epidemic had only served to underscore: government at all levels, dominated as it was by laissez faire, self-help ideas, had not seriously accepted that it had a substantial obligation towards the health of its citizens. The 'responsibility of the State towards the people of the State...is one of those things that the Government does not recognise', explained one doctor who had experienced this indifference to health issues.¹⁷⁰ Another put it more bluntly: 'The Government had been too prodigal of human life in the past', he told the Influenza Epidemic Commission.¹⁷¹

Inevitably, in the atmosphere of heightened awareness of health after the epidemic (probably never equalled in South Africa before or since) calls for comprehensive reforms and improvements were legion. The pressing need for these formed the subject of many a speech, article and sermon and health and welfare schemes were put forward at all levels.

'There has never been a time in the history of South Africa when public opinion has been more strongly impressed by the urgency of any social movement than it has been during the past few weeks on the questions of housing, sanitation and the public health',

observed the Diamond Fields Advertiser optimistically.

'The epidemic has done more than years of agitation could have accomplished. Never has there been a greater certainty of securing popular approval and sanction for practicable improvements in these respects'.¹⁷²

The Bishop of Pretoria went as far as declaring that, after the revelations of the epidemic, 'the more he saw of the present social system generally, the more convinced he became that it had got to be radically altered',¹⁷³ while The Woman's Outlook

170. Medical Journal of South Africa, April 1919, p.429.

171. IEC, vol. 1, file 4: Evidence of Dr P Gauteaume, p.1.

172. Diamond Fields Advertiser, 28/20/1918, Editorial.

173. Rand Daily Mail, 9/11/1918.

identified 'cheap labour' (which was poorly fed and housed) as the underlying cause of the high toll in the epidemic. It hoped that when this became known, 'a wave of public indignation will force improvement after improvement upon those who are responsible for the welfare of the people.'¹⁷⁴ All these sentiments A H Barton would see as examples of an 'amplified rebound' from disaster, a penultimate stage in the collective response to disaster.¹⁷⁵

This reformist zeal had shallow roots, however.¹⁷⁶ The International Socialist League's The International commented cynically:

'These reactionaries, sentimental and otherwise, are flooding the literary market, the press, platform and pulpit with ameliorative schemes and social reforms galore to stay the disease that will end in the dissolution of the system; quack remedies that will be as effective as a porous plaster on a volcano to stay its activities ... "Garden cities," "municipal bands," "better housing for the poor," and the other fossilised fads have never worked, and never will work. They are but the emotional ravings of surface skimmers on the one hand and the deliberate schemings on the other of interested persons of the possessing class who see their economic power menaced by the social storm that is brewing.'¹⁷⁷

In less than a year after 'Black October', the aroused reformist fervour had faded; in the words of the Native Affairs Department, 'that interest /had/ quickly evaporated'.¹⁷⁸ The 'shock of discovery has become dulled', lamented Bloemfontein's go-ahead, socially aware Town Clerk, 'and the lowered intensity of feeling

174. Woman's Outlook, November 1918, p.6.

175. A H Barton: Communities in Disaster - A Sociological Analysis of Collective Stress Situations (n.p., 1969), p.279. See too S Garb and E Eng: Disaster Handbook (2nd edition, New York, 1969), p.17.

176. On the transient nature of this post-'flu spirit, see ch. 10, p.361.

177. The International, 6/12/1918, p.2.

178. Union of South Africa: Report of the Native Affairs Department for 1919-1921, UG 34-'22, p.19.

has ceased to have the driving force of a year ago'.¹⁷⁹ Political and economic issues, industrial and other unrest and a host of post-war problems had pushed the need for health reforms into the background,¹⁸⁰ particularly as the 'flu had not returned with the same all-revealing virulence of 1918. In April 1920 the leader of the Labour Party drew attention to this neglect in a speech in Parliament, declaring,

'Eighteen months ago, during the influenza epidemic, it would be remembered what tremendous resolutions were formed, in view of the awful mortality in consequence of overcrowding, to see that reform was brought about and proper housing accommodation was supplied to the people. That was all forgotten now'.¹⁸¹

Yet, it would be an error to dismiss all post-'flu pressure for social reform as of no consequence. In several cases where little had hitherto been done to tackle a problem of long standing, post-epidemic reformism finally tipped the balance towards concrete action, especially if, thereby, influential groups might gain greater safety against a disease which seemed to know no barriers. Half a century earlier Engels had recognized a similar attitude among the dominant classes in Britain's towns, especially after an epidemic of cholera. He observed:

'Capitalist rule cannot allow itself the pleasure of creating epidemic diseases among the working class with impunity; the consequences fall back on it and the angel of death rages in its ranks as ruthlessly as in the ranks of the workers. As

179. Municipal Journal of South Africa, November 1919, p.77.

180. The Cape Times provides clear examples of this process taking place. In January 1919 it spoke of the need 'to be on our guard against an epidemic more infectious, more destructive, and vastly more costly in life and treasure than the influenza'. This it identified as Bolshevism which, 'properly regarded, is a preventable disease' (Cape Times, 18/1/1919, Editorial). The second example came in the wake of the 'Kenilworth Castle' episode when the newspaper attacked a plan to use the Alexandra Hospital as an isolation camp for future 'flu contacts instead of as a demobilization base for returning troops. 'The interests of our returning troops and their families and friends should take preference over every other consideration', it asserted righteously (Cape Times, 20/3/1919, Editorial).

181. Debates of the House of Assembly...as reported in the Cape Times, vol. 5, p.33, col. 1.

soon as this fact had been scientifically established the philanthropic bourgeoisie began to compete with one another in noble efforts on behalf of the health of their workers. Societies were founded, books were written, proposals drawn up, laws debated and passed, in order to close the sources of the ever-recurring epidemics. The housing conditions of the workers were examined and attempts were made to remedy the most crying evils ... Government Commissions were appointed to inquire into the hygienic conditions of the working classes.'¹⁸²

In the post-'flu Union a comparable pattern can be discerned, usually characterized by high initial promise but limited ultimate achievement. Only a longer perspective enables one to see that together, all these limited achievements were part of a larger, gradual movement towards an interventionist, White welfare state in South Africa. Significantly, the philosophy underlying this trend was spelt out very clearly in the wake of the 'flu epidemic. Colour-blind as a result of the recent lesson in the indivisibility of the population's health, a Government Committee appointed in 1919 to examine the wretched housing conditions highlighted by the 'flu, proclaimed:

'...there is an undeniable duty upon the State to ensure that all members of the community are healthy and useful citizens, and that no section of the community is allowed to sink to such depths of discontent, depravity, or disease, as to become a menace to the wellbeing of the rest'.¹⁸³

Official measures fell into two closely-linked categories, curative and preventive. The provision of curative services was primarily aimed at remedying the shortage of medical facilities and the dearth of trained personnel in the rural areas, a situation to which the Influenza Epidemic Commission had drawn urgent attention.¹⁸⁴

182. F Engels: The Housing Question (1872) as quoted in D Harvey: Social Justice and the City (London, 1973), p.142.

183. Union of South Africa: Report of the Housing Committee to Inquire into Matters Concerning Housing Accommodation in Urban Areas and the Amendment of the Unhealthy Areas Bill, UG 4-'20, para. 10].

184. UG 15-'19, paras. 104-105, 108-111, 128-131, 139.

In trying to meet this need after the epidemic, little was done to improve the position among rural Blacks.¹⁸⁵ (It is not irrelevant to note that these people posed the least threat of infection to Whites; urban Blacks, in far closer contact with Whites, were perceived as a far greater health hazard and treated accordingly¹⁸⁶). The health of rural Whites enjoyed considerable attention, however. In the Transvaal an attempt was made (in accordance with an Influenza Epidemic Commission proposal¹⁸⁷) to establish a Cape-style system of divisional councils to assume responsibility for public health in country districts, but the scheme was defeated by a single vote in the Transvaal Provincial Council.¹⁸⁸ Three years later a similar suggestion by the Transvaal Local Government Commission was also rejected.¹⁸⁹ Only in 1943, with the establishment of the Peri-Urban Areas Health Board, was some provision made for the separate administration of health in the rural areas of the Transvaal.

To provide better medical service in the country districts of the Union, new, more generous terms for the employment of district surgeons were introduced,¹⁹⁰ in keeping with the influenza Epidemic Commission's recommendation of 'holding out special monetary inducements for medical men to settle in rural communities'.¹⁹¹ This had the desired effect (at least in the short term) and by the end of 1920 nearly every District Surgeoncy in the country was filled on a full-time or part-time basis.¹⁹²

185. See ch. 5, pp.172-174.

186. See pp.417-421 below.

187. UG 15-'19, para. 139.

188. Province of the Transvaal: Votes and Proceedings of Provincial Council, Vol. III, 3rd Session 3rd Council 1919, p.215; The Star, 3/7/1919.

189. Province of the Transvaal: Report of the Transvaal Local Government Commission, TP 1-1922, para. 402.

190. Medical Journal of South Africa, December 1919, p.112; UG 8-'22, p.138.

191. UG 15-'19, para. 105.

192. UG 8-'22, p.139.

'Black October' also prompted many country towns to give serious consideration to the need for a local hospital. In some cases the experience of the epidemic provided a necessary boost to longstanding campaigns for a hospital, which had made little headway over the years.¹⁹³ In others it exposed this need dramatically.¹⁹⁴ 'The public feeling is agitated regarding this matter on account of the possibility of the recurrence of epidemic influenza', the Transvaal Municipal Association pointed out in March 1919,¹⁹⁵ while the Transvaal Provincial Council even passed an unopposed motion calling for a hospital to be built in every town and village in the province.¹⁹⁶ Enormous costs stood in the way, however, and implementation of even part of the scheme was much delayed.¹⁹⁷

193. H J Lombard: Ermelo 1880-1980 (Ermelo, 1980), p.175; Mataiele Mail, 5/12/1918, 30/1/1919, 6/2/1919, 13/3/1919.

194. OFS Archives: PAS 921, file 3682/3, Stadsklerk Clooclan to Provinsiale Sekretaris, 21/4/1919; PAS 923, file 3688 Parts 1 and 2, Secretary Hospital Committee Frankfort to Provincial Secretary, 31/5/1919; Cape Archives: 4/CT, vol. 1/2/1/1/26, p.351; 3/ADE 1/1/1/4, Municipal Council Adelaide Minutes, 14/2/1919; Cape Hospital Board: Annual Report for 1918-1919, p.4; De Burger, 29/11/1918, p.3; Het Noord Westen, 10/12/1918, p.5; Dictionary of South African Biography, vol. III (Cape Town, 1977), p.700; D F Erasmus, Heilbron 1873-1973 (Heilbron, 1973), p.50.

195. Municipal Magazine, May 1919, p.15.

196. Province of the Transvaal: Votes and Proceedings of Provincial Council, vol. III, 2nd Sess. on 3rd Council, 21/11/1918, p.6; 3rd Session 3rd Council, 1919, pp.116, 147, 195.

197. Province of the Transvaal: Votes and Proceedings of Provincial Council, vol. III, 3rd Session 3rd Council, 1919, p.29; Votes and Proceedings of Provincial Council, vol. IV, 1st Session 4th Council, 1920-1922, pp.30, 73, 122, 143, 176; De Volkstem, 22/11/1918, p.7; The Star, 4/6/1919.

The inadequacies of existing hospitals were also underlined by the epidemic, but improvements were slow to take place.¹⁹⁸ Even in the sphere of isolation accommodation (which would be essential in any anti-epidemic defence) progress was leisurely. The Influenza Epidemic Commission had made it clear that it believed that the separation of isolation hospitals from general hospitals was 'a relic of mediaeval ignorance, productive of inefficiency and waste of public funds', which perpetuated 'the stigma attaching to and fear of such institutions, with consequent great harm to the health and life of the community'.¹⁹⁹ It saw no risk in attaching isolation blocks to general hospitals. Yet not all medical opinion was convinced²⁰⁰ and few local authorities were keen to incur the expense involved, be it for separate or attached institutions.²⁰¹ Six years later the Committee of Inquiry into Public Hospitals lamented:

'What little has been done recently in the matter of providing special accommodation for infectious diseases was largely due to the public conscience being stirred by the outbreak of influenza in 1918, but the question has not been dealt with as it should be, ...'²⁰²

Only over the question of who should pay for the hospitalization of a patient with a notifiable infectious disease did the 'flu epidemic produce a quick and pioneering answer. The Draft Public Health Bill was amended by Parliament so as to place this responsibility firmly on the local authority of the patient's

198. Union of South Africa: Report of Committee of Inquiry re: Public Hospitals and Kindred Institutions, UG 30-'25, chs. 6, 7, 10.

199. UG 15-'19, para. 114.

200. SC 3-'19, pp.122, 222-223.

201. Daily Dispatch, 7/11/1919, p.6;
Municipal Magazine, May 1919, p.15.

202. UG 30-'25, para. 464.

district of domicile.²⁰³ The radical departure from the State's traditional philosophy that this amendment entailed, in making the local authority and not the patient responsible for payment in all circumstances, is well illustrated in the following extracts from the Assembly debate on the matter:

'Mr JAGGER²⁰⁴ said he was opposed to the new section, and he wished to revert to the original section. A new principle was introduced which ran through the Bill....It was not the principle in all other Bills....He asked why people should be pauperised in this fashion. The next thing would be free doctoring all round. The principle was very unsound and very unjust.... Mr MADELEY²⁰⁵ welcomed the attitude of the Government, even though it imported a new principle that the State had to recognise its responsibilities. Where the health of the State was at stake no question of expense should be allowed to enter into consideration....'²⁰⁶

Later, when the clause came up for reconsideration, Jagger's viewpoint found little support:

'Lieut.-Col. FAWCUS²⁰⁷ feared that it was a terrible sign of the times that only one member supported Mr Jagger. (Laughter.) The House was following a vicious course in undermining the independence of the people of South Africa. Mr Jagger had appealed to the House on the ground of self-help,... Surely if a man fell ill and could afford to pay for his treatment, why should he not do so?'²⁰⁸

203. Cf. clause 26 of the Draft Public Health Bill with section 26 of the final Public Health Act.

204. Unionist Party MLA for Cape Town Central and a very prominent merchant and free trader.

205. Labour Party MLA for Benoni.

206. Debates of the House of Assembly...as reported in the Cape Times, vol. 4, p.274, col. 1.

207. South African Party MLA for Umlazi.

208. Debates of the House of Assembly...as reported in the Cape Times, vol. 4, p.304, col. 3.

Other examples of the State's changing attitude to responsibility for its citizens' health and welfare as a result of the impact of the 'flu have already been mentioned: the special emergency poor relief and £1 for £1 subsidies to charities in the Cape²⁰⁹ and the introduction of mother-and-child pensions in 1921.²¹⁰ In this atmosphere private welfare organizations also received greater support from both the authorities and the public; in particular, the large number of 'flu orphans throughout the country focussed much attention on child welfare²¹¹ and in 1920 it was decided to merge existing provincial bodies into a national Council for Child Welfare.²¹² In 1920 too, 'na die slagting wat deur die griep epidemie veroorsaak is',²¹³ the OFS came into line with the other provinces and appointed its first Medical Inspector of Schools.²¹⁴ The authorities in the Cape used the favourable climate too, to gain approval for an expansion of their fledgling school health service.²¹⁵

Both in town and country the epidemic revealed a widespread

209. See ch. 10, p.343 and ch. 2, p.72.

210. See ch. 10, p.342.

211. Municipal Journal of South Africa, April 1920, p.114; Child Welfare Conference: Report of Proceedings of 3rd Annual Conference, 1919, pp.1v, 3-4.

212. J A v d Walt: 'n Historiese-sosiologiese ondersoek van die ontwikkeling van die beleidsrigtings t.o.v. die kinderbekerming en kinderonwikkeling in die Unie van Suid-Afrika vanaf 1910 tot 1950 (Unpublished D.Phil. thesis, UOFS, 1956), p.89; Union of South Africa: Official Year Book of the Union, No. 4 - 1921, p.375.

213. J H du Toit: 'Die Grondlegging en Ontwikkeling van Provinsiale, Primêre en Sekondêre Onderwys vir Blankes in die OVS gedurende die tydperk 1910-1926' (Unpublished D.Ed. thesis, UOFS, 1963), p.66.

214. Education Department, OFS: Report for 1920, p.48.

215. Cape of Good Hope: Report of the Superintendent-General of Education for 1918, CP 5-'19, p.8; Report of the Superintendent General of Education for 1919, CP 4-'20, p.2; Daily Dispatch, 23/11/1918, p.8; 3/2/1919, p.6.

public ignorance of the rudiments of how to treat the sick at home. Many believed that this had increased the number of deaths significantly. The epidemic had 'elicited one outstanding fact,' pointed out The Friend, 'and that is the deplorable ignorance that prevails regarding the commonest principles of nursing'. It concluded that, 'Neither lack of doctors, lack of medicines nor even lack of the elements of sanitation so conduced to the incidence of mortality as the lack of nurses....It is in the appalling ignorance of the multitude wherein lies the chief danger....'²¹⁶ No scheme would ever be able to train enough professional nurses to meet such an emergency; the solution lay in extensive instruction in home nursing and first-aid. With the encouragement and support of the Influenza Epidemic Commission,²¹⁷ the Public Health Department,²¹⁸ local authorities²¹⁹ and private welfare bodies,²²⁰ organizations such as the St John Ambulance Association ran public courses in elementary nursing and first-aid.²²¹ Similar instruction was given at schools (to older girls

216. The Friend, 14/1/1919, Editorial.

217. UG 15-'19, paras. 94, 96, 113.

218. Transvaal Archives: Magistrate Marico 4/3/26, Circulars no. 35 of 1918 and no. 12 of 1919 from Dept of Public Health, 11/12/1918 and 10/3/1919; Central Archives: SAE 885, file G 18/12, Circular no. 21 of 1919 from Dept of Public Health, 22/7/1919; Cape Archives: 1/CT 15/4, Circular no. 13 of 1919 from Dept of Public Health, 10/3/1919.

219. Cape Archives: 4/CT, vol. 1/1/1/23, p.363; Cape Times, 21/12/1918, p.8; De Volkstem, 13/12/1918, p.7.

220. Transvaal Archives: Accession W160 (5.-A. Vroue-Federasie Collection), vol. 2, Hoofbestuursnotule 1915-1919, List between pp.158 and 159, Bijlage A - Beskrywingspunte vir 13de Kongres, Ermelo, 1919, points 7 and 8; South African Nursing Record, October 1919, pp.243-244; The Cape, 22/11/1918, p.26; Die Huisgenoot, March 1919, p.676; Cape Times, 7/11/1918, p.7.

221. St John Ambulance Association, Cape Town Centre: 28th Annual Report, for 1919, p.9; Cape Hospital Board: Annual Report for 1918-1919, p.17; Transvaal Education Department: Report on School Medical Inspection for 1918, TP 4-'20, p.6; Cape Archives: 4/CT, vol. 1/1/1/23, p.403; De Burger, 15/11/1918, p.2; 16/11/1918, Editorial; 25/3/1919, Editorial; New True Templar, November 1918, p.4; Cape Times, 4/6/1924; Collier Collection: Letter from Miss H G Gray, May 1972. See too ch. 2, p.71.

in particular), but the Influenza Epidemic Commission's recommendation that this be made compulsory²²² does not seem to have been adopted.²²³

Hand in glove with knowledge of such curative measures went the need to teach the public how to prevent disease in the first place. Here too the epidemic had shown sick-visitors how little most people knew of elementary hygiene, physiology and health-care. 'The ignorance of such matters among the so-called educated woman during the epidemic was appalling', a social worker told the Influenza Epidemic Commission.²²⁴ In the same vein, at the height of 'Black October' a columnist in De Burger lamented:

'Is het dan niet treurig dat in zo'n tijd als die wij tans doormaken wij de mensheid eerst moeten leren wat de waarde is van frisse lucht? Wat de waarde is van reinheid en van honderd en een andere dingen, dat ieder mens toch behoort te weten!'²²⁵

While the Public Health Department did what it could to publicize the benefits of cleanliness, fresh air and nutritious and well-prepared food in the wake of the epidemic,²²⁶ schools showed

222. UG 15-'19, para. 96.

223. Transvaal Archives: Accession W160 (S.-A. Vroese-Federasie Collection), vol. 16, Jaarverslag 1921, p.17, point 35; St John Ambulance Association, Cape Town: 51st Annual Report for 1922, p.5.

224. IEC, vol. 2, file 6 part 2: Evidence of Mrs M S Walsh, p.1.

225. De Burger, 24/10/1918, p.2.

226. Transvaal Archives: Magistrate Marico 4/3/26, Circulars no. 35 of 1918 and no. 12 of 1919 from Dept. of Public Health, 11/12/1918 and 10/3/1919; Central Archives: SAS 685, file G 18/12, Circular no. 21 of 1919 from Dept. of Public Health, 22/7/1919; Cape Archives: 1/CT, 15/4. Circular no. 13 of 1919 from Dept. of Public Health, 10/3/1919. In 1981 Dr Henry Gluckman, Chairman of the momentous National Health Services Commission of 1942-1944 and a freshly qualified doctor in 1918, wrote, 'Perhaps it was my experiences in dealing with the 'flu epidemic...which inter alia led me to advocate Health Promotion in the National Health Services Commission Report of 1944. In the fourth section of the report, I strongly advocated adequate nutrition and recreation' (Letter to author from Dr the Hon. H. Gluckman, 17/9/1981).

themselves no reader to give greater emphasis to subjects such as hygiene and physiology in their curricula.²²⁷ Even in the OFS, where from 1910 the syllabus assigned a certain percentage of marks in final examinations to hygiene,²²⁸ the Education Department complained in 1927: 'Generally speaking, the subject still occupies a very inferior position in the scheme of things in our schools'.²²⁹

Especially among Afrikaners, the need for some knowledge of these basic curative and preventive skills was seen to be essential. A tiny 'volk', whose number had been sharply reduced by war less than two decades earlier, could not afford another 'Black October', in which so many of its younger generation had died through ignorance and negligence. It was not enough to ensure that Afrikaner 'flu orphans remained Afrikaners; action had to be taken quickly 'om die verwoesting te herstel en die smarte te versorg', as one journal pointed out.²³⁰ Ons Vaderland made the position very clear: 'Ons toekomstige krag lê in onse aantsl'.²³¹ For this to be kept up, Afrikaners had to be taught how to care for their health. Early in 1919 an Afrikaanse Christelike Vrouevereniging (ACVV) report noted:

'Daar is nie 'n plek in ons land waar ons nie gedurende die laaste drie maande van verlede jaar uitgevind het dat ons baie onhandig en onkundig is in tye van siekte. En as ons 'n bietjie wil nadink, sal ons sien dat dit 'n

227. CP 4-'20, p.44; De Unie, 1/2/1919, p.222; Union of South Africa: Report of the Cape Coloured Commission, UG 54-1937, p.97, para. 556.

228. J & J Bruwer: 'Education in the OFS - An Historical Survey and Suggestions for Future Development' (Unpublished Ph.D. thesis, University of South Africa, 1936), p.172.

229. Education Department, OFS: Report for 1927, p.84.

230. Die Boerevrou, January 1920, Editorial.

231. Ons Vaderland, 31/1/1919, Editorial.

saak is waaraan ons al jare gelede moes gedink het....Nou het die griep ons eindelijk wakker geskud, en ons het meteens almaal uitgevind hoe dom ons in 'siek-kamer is'.²³²

Many blamed the existing school syllabuses, with their heavy concentration on academic subjects which provided what the principal of a Domestic Science School called, 'ballast-kennis'.²³³

'Ons dogters groei op, gaan naar skool en word geleer in alle moontlike vakke van wetenskap en vermaak behalwe die vernameste vereiste: hoe om gesond te bly en in geval van siekte hoe om te verpleeg',

complained one reader to Die Boerevrou.²³⁴

Instruction in such subjects, so vital to the well-being of the 'volk', could not be left to others. Afrikaners had to help themselves. 'Daar moet 'n alomvattende helpmekaar-beweging kom,' urged De Volkstem, 'wat sal insien hoe die huisgesin en die huiselike lewe, die grondslae van maatskaplijs, godsdiens en staat, moet opgehef en opgebou word naar liggaam, siel en gees',²³⁵ Organizations such as the ACVV,²³⁶ the Suid-Afrikaanse Vroue-Federasie²³⁷ and the Oranje-Vrouevereniging²³⁸ organized lectures

232. Die Huisgenoot, March 1919, p.676. For similar sentiments see De Burger, 22/10/1918, Editorial: 7/11/1918, p.3; 30/11/1918, p.3; De Vriend des Volks, 7/11/1918; Die Boerevrou, May 1919, p.

233. Die Boerevrou, January 1920, p.10.

234. Die Boerevrou, November 1919, p.3.

235. De Volkstem, 6/12/1918, Editorial.

236. Die Huisgenoot, July 1919, p.90; November 1919, p.211.

237. Transvaal Archives: Accession W160 (S.-A. Vroue-Federasie Collection), vol. 2, Hoofbestuursnotule 1915-1919, List between pp.158 and 159, Bijlage A-Beskrywingspunte vir 13de Kongres, Ermelo, 1919, point 7; vol. 16, Verslag van die 13de Kongres, 1919, p.25; Bijlage A-Verslag van die Hoofbestuur, Item 11.

238. The Friend, 13/2/1919, p.7.

and demonstrations and made representations to the authorities on health and nursing matters, while popular magazines like Die Huisgenoot²³⁹ and Die Boerevrou²⁴⁰ began regular columns on basic aspects of 'volksgesondheid'. The ACVV started a series of inexpensive 'Gesondheidspublikasies',²⁴¹ and simple medical manuals were written in Afrikaans/Dutch and widely distributed - in 1919 alone, three such books were published in Cape Town, two by medical men and one by a nurse.²⁴² One of these hoped 'dat die boekie...sal bydra om ons en ons kinders gesond en sterk te maak, sodat ons die stryd om ons bestaan kan wen';²⁴³ the preface to another, Ziekeverpleging in Huis, pointed out that

'De pas afgelopen Griep-epidemie heeft elk denkend mens tot het besef gebracht van de dringende noodzakelijkheid voor iedere huisvrouw en huisdochter om 'n degelijke kennis van minstens de grondbeginselen van ziekeverpleging te hebben. Hoe vele duizende nuttige, ja, onmisbare levens zijn opgeofferd in deze epidemie aan de algemene onkunde in zake ziekeverpleging'.

The book would be of particular value for schools, it believed

'met het oog op die vele stemmen die er in de laatste tijd zijn opgegaan om, vooral op de meisjescholen, de leerlingen bekend te maken met de beginselen van ziekeverpleging'.²⁴⁴

With the same hope in mind, no doubt, Dr C L Leipoldt added a chapter on 'Gesondheidsleer als Onderwijsvak' to the 1919 edition of his primer on 'Skoolgesondheid'.²⁴⁵ At the same time he

239. See issues from July 1919 onwards.

240. See issues from March 1919 onwards.

241. For instance, A J Stals: Die Griep of Influenta (ACVV Gesondheidspublikasie no. 2, Cape Town, c.1926).

242. J van Schalkwijk: Raad in Tijd van Siekte (Cape Town, 1919); J J Hoffman: De Weg tot Gezondheid (Cape Town, 1919); C M J Aarts de Vries: Ziekeverpleging in Huis (Cape Town, 1919).

243. J van Schalkwijk: Raad in Tijd van Siekte, Introduction.

244. C M J Aarts de Vries: Ziekeverpleging in Huis, Preface.

245. C L Leipoldt and P. Elias: Skoolgesondheid, ch. XV.

campaigned vigorously for schools to become centres of health education in the community. Die Huisgenoot (for which, along with Die Boerevrou, he wrote many medical articles) took up this argument: 'Die heil van die volksgesondheid', it reasoned,

'Iê daarin dat die mediese beroep demokraties moet word. Elke skool of skoolsentrum behoort sijn mediese onderwyser sowel as sijn mediese inspekteur te hê...Van die Staat die kind en krij sijn ondersteuning en medewerking as hij volwasse is, sal die volksgesondheid op 'n baie hechter basis te staan kom'.²⁴⁶

Undoubtedly, it was the ravages of the 'flu which had triggered this sudden attention to the health of the 'volk'. It had made it devastatingly clear that if Afrikaners were to survive as a 'volk', they first had to learn to survive as healthy human beings. This had to be a priority in any movement to uplift the 'volk' if they were to have a future.

Of all the fields in which 'Black October' produced action by the State, it was over living conditions in urban areas that the Central Government made its greatest break with laissez faire principles. The 'flu had shown that in towns the threat of infection across all barriers was sharpest; here improvements were necessary, 'not only as an act of humanity,' explained a judge and former director of De Beers, 'but as a safeguard for their own homes, so that if any epidemics and plagues of that kind came again they would not have to pay the toll of death in their own families for the lack of sanitary conditions appertaining to others'.²⁴⁷ While the Influenza Epidemic Commission had not been satisfied that 'the virulence of the disease had any definite correlation with poor sanitary conditions,' it had nevertheless confirmed what many sick-visitors had concluded on the basis of their own experience, that 'bad housing, congestion and insanitary conditions facilitated the spread of the disease, and tended to increase mortality'.²⁴⁸ 'The epidemic has proved beyond

246. Die Huisgenoot, June 1919, p.30.

247. Daily Dispatch, 28/10/1918, p.7.

248. UG 15-'19, para. 134.

doubt that the "comfortable" classes cannot afford to allow disease incubators to remain in their midst,' concluded one progressive-minded journal confidently.²⁴⁹

In the months after the epidemic, town councils,²⁵⁰ trade unions,²⁵¹ the private sector,²⁵² churches²⁵³ and the Railways²⁵⁴ jostled with one another to undertake investigations into housing, to make representations and to debate the merits of various schemes.

The Government too recognized that action was imperative. 'The late Influenza Epidemic has brought it home to us more than ever before the importance of having people in healthy surroundings', the Acting Prime Minister told a delegation in December 1918.²⁵⁵

249. Woman's Outlook, December 1918, p.3.

250. See ch. 2, p.75, ch. 3, p.109 and ch. 4, pp.138-141. Daily Dispatch, 21/11/1918, p.6; 22/11/1918, p.5; 30/11/1918, p.7; 14/1/1919, p.5; 11/4/1919, Editorial; Kokstad Advertiser, 13/12/1918.

251. Rand Daily Mail, 3/1/1919; Diamond Fields Advertiser, 4/1/1919, Editorial; Cape Times, 18/6/1919, p.8.

252. See ch. 2, p.74; The Star, 17/1/1919; Rand Daily Mail, 18/6/1919; Cape Argus, 18/1/1919, pp.5, 6; Cape Times, 18/6/1919, p.8; Official Report of 2nd Annual Convention of the South African Federated Chamber of Industries, June 1919, pp.48-50.

253. The Star, 13/2/1919; The Friend, 20/5/1919, p.6; Cape Times, 10/2/1919, p.8; 12/2/1919, p.10; 18/6/1919, p.8; 25/12/1919, p.8; Church of the Province of South Africa: Acts and Resolutions of 9th Provincial Synod, 1919, p.42, Item 23; Church of the Province of South Africa, Diocese of Cape Town: Acts and Resolutions of 19th Synod, February 1919, pp.16-17; Minutes of 37th Annual Conference of Wesleyan Methodist Church of South Africa, 1919, p.135; Presbyterian Church of South Africa: Proceedings of 20th General Assembly, 1919, pp.49-50; Central Archives: PM 1/1/450, file 1/30/17/19, Lay Secretary of 19th Synod of Diocese of Cape Town of CPISA to Private Secretary to Acting Prime Minister, 11/2/1919.

254. SAR & H Magazine, March 1919, p.135.

255. Central Archives: NA 85, file 527/16/F 164, Notes of Meeting between Acting Minister of Native Affairs and Deputation of Representative Natives on the Reef, 12/12/1918.

Humanitarianism, concern for upholding 'moral standards', the need for a fit workforce able to reproduce itself, health-preserving self-interest and fears of social unrest made this essential. Housing must be provided urgently, insisted the Cape Argus,

'because as we were reminded by the recent calamitous influenza epidemic, dirt and overcrowding constitute a terrible and perpetual menace to the safety of the entire community. And what is hardly less significant, nothing conduces more to the spread of wild and subversive doctrines and to the accentuation of the spirit of social unrest generally than the miserable domestic conditions which fall to the lot of certain classes of the people.... [T]here is overwhelming evidence to show that bad housing has a disastrous effect on the public health and on national physique,...' 256

Not only would the construction of houses promote health, declared a senior member of the Cape Provincial Council, but it also 'afforded the best antidote to unrest and Bolshevism'. 257

The first step by the Central Government came in the new Public Health Bill. Chapter VIII permitted the authorities to take action against insanitary or overcrowded conditions, even to the extent of demolishing dilapidated buildings, 258 and laid down minimum requirements for all new housing. The final Act incorporated all these sections and, in addition, made limited provision for the control of town planning in South Africa. 259 (This

256. Cape Argus, 17/1/1919, Editorial.

257. Cape Times, 5/9/1919, p.8. For similar opinions in Britain at the same time see M Swenarton: Homes fit for Heroes - The Politics and Architecture of Early State Housing in Britain (London, 1981), ch. 4; J Melling (ed.): Housing, Social Policy and the State (London, 1980), pp.74, 102-103; E Gauldie: Cruel Habitations - A History of Working-Class Housing 1780-1918 (London, 1974), p.307.

258. Act 36 of 1919, section 129. The Town Clerk of Cape Town, J R Pinch, seems to have played a major part in formulating this clause (Cape Archives: 3/CT, vol. ADD 6/2, p.360).

259. Act 36 of 1919, section 132(1)(h).

section, South Africa's first 'town-planning charter',²⁶⁰ was included only as a result of intense lobbying by the Town Councils of Cape Town and Johannesburg,²⁶¹ by local architects²⁶² and by the new Transvaal Town Planning Association which had been set up in the wake of the epidemic.²⁶³ The only housing-related clause in the draft Bill which the final Act excluded was what one MLA labelled a 'socialistic' clause²⁶⁴ to compel landlords to keep accommodation they leased out reasonably fit for human habitation at all times. This was excluded from the Act after protracted discussion.²⁶⁵

A bill to supplement these powers and at the same time to tackle the acute shortage of houses by allowing municipalities to undertake 'improvement schemes' was also tabled during 1919,²⁶⁶ but it

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260. Transvaal Town Planning Association: Town Planning (Johannesburg, 1931), p.14.
261. Cape Archives: 3/CT, vol. 1/1/1/75, p.310; vol. 1/4/7/1/1/10, pp.113-115.
262. Cape Times, 22/11/1918, p.3; Cape Argus, 29/10/1918, p.7; Architect, Builder and Engineer, December 1918, p.11; Building, December 1918, p.204.
263. The Star, 27/2/1919; Rand Daily Mail, 3/3/1919; Transvaal Town Planning Association: Town Planning, p.3.
264. Debates of the House of Assembly ... as reported in the Cape Times, vol. 4, p.294, col. 3. The speaker was L Geldenhuys, South African Party MLA for Vrededorp and a large property-owner in Johannesburg (Standard Encyclopaedia of South Africa, vol. 5 (Cape Town, 1972), p.133).
265. Draft Public Health Bill, 1919 (printed in Government Gazette Extraordinary, 6/1/1919), clause 130. By the Committee Stage of the bill, an earlier amendment had made this clause 131. For the discussion see Debates of the House of Assembly ... as reported in the Cape Times, vol. 4, p.294, cols. 2, 3; p.295, col. 1; p.305, cols. 2, 3.
266. Unhealthy Areas Improvement Schemes Bill, 1919 (printed in Union of South Africa Government Gazette Extraordinary, vol. XXXV, no. 941, pp.111-xvi).

was shelved when it was realized that far more generous assistance was required if local authorities were to help provide new houses in any number. 'Unless the State helped[,] the demand for houses was not going to be met', argued one progressive MLA,²⁶⁷ while later in the year the organ of the Association of Municipal Corporations of the Cape demanded that Parliament 'shake itself free from the laissez faire traditions of the past and see that... our generation and the generations yet to come shall be housed according to their decent needs...'.²⁶⁸

The Government decided to refer the bill to a Committee of Inquiry to consider how far it should help in providing housing in urban areas.²⁶⁹ Meanwhile, it urged municipalities to act against overcrowding; the circulars which it sent out with this message quoted the findings of the Influenza Epidemic Commission on this, to emphasize the importance of the matter.²⁷⁰

Most of the Committee's recommendations²⁷¹ were included in the Housing Bill of 1920, which sought to provide means to overcome the shortage of houses. To this end, Provincial Housing Loans Funds, financed by the Central Government, were to be set up and from these, advances would be made for housing construction by

267. Debates of the House of Assembly...as reported in the Cape Times, vol. 4, p.299, col. 2. For criticism by individual municipalities, see Cape Archives: 3/CT, vol. ADD. 6/2, pp.420-421; 3/CT, vol. 1/4/7/1/1/10, pp.115, 121.

268. Municipal Journal of South Africa, November 1919, p.64.

269. Union of South Africa Government Gazette, vol. XXXVII, no. 988, 1/8/1919, p.203, Government Notice 976.

270. Cape Archives: 3/UIT 28, vol. 5, Circular no. 17 from Provincial Secretary, 4/7/1919;
OFS Archives: PAS 140, file 310/8/10, MOH Union to Provincial Secretary, Bloemfontein, 18/6/1919;
Debates of the House of Assembly...as reported in the Cape Times, vol. 4, p.407, col. 1.

271. UG 4-'20, *passim*.

local authorities. To facilitate actual building and reduce the reluctance of local authorities to embark on such schemes, a battery of enabling clauses was also included; for instance, the power to expropriate land, to purchase stocks of building materials, to give priority to the construction of houses over other buildings and to forbid the demolition of dilapidated dwellings which could be renovated.²⁷² As in the debates on the Public Health Bill in 1919, objections were once again raised that this legislation was 'on the fringe of extreme Socialism and nationalisation'.²⁷³ However, in a new Parliament in which the governing party was in a minority and the Labour Party strongly represented,²⁷⁴ these were somewhat muted. It is a mark of how effective 'Black October' had been in overcoming such objections previously, that when delays did arise over an amendment to give property-owners a greater say, a Labour MLA expressed regret 'that this Bill was not introduced in 1918, when, after the influenza epidemic, every member would have been only too ready to vote for it'.²⁷⁵

The Housing Act was promulgated in August 1920. It was, in the words of the new Central Housing Board, primarily an attempt to ameliorate the wretched 'housing conditions of the poorer classes [which had]...been more vividly brought to light...partly by the late influenza epidemic'.²⁷⁶ This pioneering bid by the central state to deal with the housing question on a national scale initially raised high hopes among the larger municipalities, but very soon, because of the deepening post-war recession, the

272. Housing Bill, 1920 (printed in Union of South Africa Government Gazette Extraordinary, vol. XL, no. 1061, 9/6/1920, pp. 111-8).

273. Debates of the House of Assembly...as reported in the Cape Times, vol. 5, p.185, col. 2.

274. D W Krüger: The Making of a Nation - A History of the Union of South Africa, 1910-1961 (Johannesburg and London, 1969), p.114; W K Hancock: Smuts - The Fields of Force 1919-1950 (Cambridge, 1968), pp.30-31.

275. Debates of the House of Assembly ... as reported in the Cape Times, vol. 5, p.301, col. 3.

276. Union of South Africa: Report of the Central Housing Board for 1920, UG 25-'21, p.10 (Annexure C).

Government cut back on the funds it was willing to make available. Finally, it decided to defer temporarily consideration of all applications for advances received after 31 May 1921.²⁷⁷

It is clear that the urgency of the immediate post-'flu period was no more. The Housing Committee of Inquiry had recognized the transience of this climate of opinion only too well when it had warned in December 1919:

'There is only too much reason to fear that much of the feeling has been awakened by the personal inconvenience which those who are able to make themselves heard are at present suffering, and that when that personal inconvenience disappears the interest in the problem will subside'.²⁷⁸

Some of the more energetic municipalities such as Bloemfontein²⁷⁹ and Cape Town²⁸⁰ had applied for funds soon after the creation of the Central Housing Board, and were able to embark on schemes in 1921, but, generally, in its first years of operation, the Housing Act provided advances far short of the £7,085,000 which the Housing Committee of Inquiry had considered necessary to meet merely the most urgent and pressing housing needs.²⁸¹ By the end of 1925 the Government had allocated only £2,581,000.²⁸²

Through its revelation of the appalling living conditions of the half-million urban Blacks and the widespread belief that these had seriously exacerbated the epidemic, 'Black October' renewed White concern that such conditions had to be remedied, if only to protect the latter's own health. The 'gravity of the [Black housing] position has been realised since the outbreak of the

277. Union of South Africa: Report of the Central Housing Board for 1921, UG 11-'22, para. 8.

278. UG 4-'20, para. 101.

279. See ch. 4, p.141.

280. See ch. 2, p.76.

281. UG 4-'20, para. 143.

282. Union of South Africa: Report of the Central Housing Board for 1925, UG 19-'26, para. 47.

influenza epidemic', reported a delegation from Johannesburg in September 1919, after returning from a tour of the main cities of the Union,²⁸³ while in Parliament Sir Thomas Watt made it clear that, 'Coloured people and natives must live under healthy conditions if the other members of the community are to remain healthy'.²⁸⁴ The Native Affairs Department was under no misconception: the motive for 'preventive action in future is a selfish one', it admitted.²⁸⁵ The 'dread of being poisoned by...germs scares swelled-headed [sic] arrogance, and so to save themselves they save their poor neighbours', sneered Ilanga lase Natal.²⁸⁶

However, the 'flu epidemic did more than merely re-emphasize the urgency of bettering conditions in existing Black locations where, the Influenza Epidemic Commission believed, security of tenure should be assured via long leases, 'so as to encourage the building of a better type of dwelling'.²⁸⁷ It also strengthened the belief of many Whites that their greatest safeguard against infection from Blacks in towns lay in physical distance, i.e. compulsory segregation. This view was most clearly articulated in towns with substantial 'mixed areas' - for instance, in the wake of the epidemic, Kimberley's City Sanitary Inspector recommended 'the entire elimination of the native element from private dwellings in the Malay Camp...[and] native quarters or a compound on proper lines...'.²⁸⁸ Opinion in small towns which

283. Johannesburg Municipality: Council Minutes, July-December, 1919, p.566 (Report of Delegation re Native Housing). See too M Lacey: Working for Boroko - The Origins of a Coercive Labour System in South Africa (Johannesburg, 1981), p.250.

284. Debates of the House of Assembly...as reported in the Cape Times, vol. 4, p.23, col. 2.

285. UG 34-'22, p.19.

286. Ilanga lase Natal, 29/11/1918, Editorial.

287. UG 15-'19, para. 135.

288. Kimberley Board of Health: Report by A F Williams, dated 28th November, 1918, on the Epidemic of Spanish Influenza in Kimberley (Kimberley, 1918), p.41. For more such opinions in Kimberley, see *ibid.*, p.36; Diamond Fields Advertiser, 25/6/1919, p.7; Cape Archives: Kimberley City Council Minute Book 18, p.116 (on segregation of Indians). See too UG 4-'20, pp.24, 35; and ch. 2, pp.79-80.

did not have locations was equally decided. A newspaper in Victoria West, for example, hoped that in the light of what the epidemic had revealed, steps would be taken 'met het doel de lage type van gekleurden en naturellen uit de dorpen te verwyderen',²⁸⁹ while a group of white users of the post-office in Berlin went as far as protesting that,

'the present quarters are inadequate, and in consequence Europeans have to rub shoulders with red-blanketed natives in their endeavours to get their post, which was most detrimental to all concerned in times of epidemics'.²⁹⁰

Although some have suggested a direct cause-effect link between the Spanish 'flu epidemic and the passage of the Natives (Urban Areas) Act in 1923,²⁹¹ the connection between them was more complex. Pressure for a uniform policy of segregation towards urban Blacks had been present for more than a decade before 1918.²⁹²

289. De Noord-Westelike Nationalist, 22/1./1918, Editorial.

290. Daily Dispatch, 20/9/1919, p.10.

291. Z K Matthews: Freedom for My People (London and Cape Town, 1981), p.61; S van der Horst: Native Labour in South Africa (London, 1942), p.270; C W de Kiewiet: A History of South Africa - Social & Economic (London, 1966), p.231.

292. J W Cell: The Highest Stage of White Supremacy - The Origins of Segregation in South Africa and the American South (Cambridge, 1982), pp.213-216; G M Fredrickson: White Supremacy - A Comparative Study in American and South African History (New York and Oxford, 1981), pp.237-239; T R H Davenport: South Africa: A Modern History (Johannesburg, 1977), p.340; M Legassick: 'The Making of South African "Native Policy", 1903-1923: The Origins of "Segregation"' (Unpublished paper presented to the Institute of Commonwealth Studies Postgraduate Seminar, February 1973), pp.6-8. In Bloemfontein such a policy had been in force already before Union (see ch. 4, p.150) and was highly regarded by the Government's Native Affairs Commission (Union of South Africa: Report of the Native Affairs Commission for 1921), DG 15-'22, p.28).

In the eight years since Union bills to regulate their position had been discussed twice, but eventually shelved because of their limited scope.²⁹³ What the experience of 'Black October' did was to make action in this field a priority, crystallizing the ideas which had been under discussion for some time. By the way in which it underlined the vulnerability of even middle-class Whites in salubrious suburbs to a fatal disease (believed to have been carried there by Blacks residing in the town itself²⁹⁴), the 'flu epidemic added weight and urgency to demands for a comprehensive national policy to enforce residential segregation in South Africa's towns. In the immediate wake of 'Black October', infectious disease created very real fears among middle-class Whites for their lives. The manner in which this threat was tackled was not merely an adjunct to a "native policy" appropriate to the conditions of capitalist industrialization".²⁹⁵ It arose in a post-'flu climate of heightened awareness of the danger of infection. In this atmosphere disease was more than a societal metaphor²⁹⁶ to 'mystify and legitimize a new system of class relationships',²⁹⁷ It was a distinct motive for action in its own right. It was perhaps more than coincidence that the young academic, Edgar Brookes, writing in support of segregation

293. UC 15-'22, p.25.

294. See ch. 2, pp.79-80; ch. 3, p.111; ch. 4, pp.146-147. Chapter 2, pp.78-79 refers to developing beliefs of this sort about 'Coloureds' in Cape Town.

295. M Legassick: 'The Making of South African "Native Policy"', p.10.

296. M W Swanson has argued that metaphors of 'infectious disease' and 'public health' were themselves 'active motives or forces tending to shape perceptions, perspectives and behavior in those who ruled'. (M W Swanson: '"The Asiatic Menace": Changing Segregation in Durban, 1870-1900' in International Journal of African Historical Studies, vol. 16 (1983), p.402. See too his 'The Sanitation Syndrome: Bubonic Plague and Urban Native Policy in the Cape Colony, 1900-1909' in Journal of African History, vol. 18 (1977), p.387). If this was so before the terrible experience of 'Black October', how much more potent must it have been immediately after 1918.

297. J W Cell: The Highest Stage of White Supremacy, p.57.

in 1923, expressed his opinion thus: 'No disease exists without a nostrum. For the difficulties of Native policy, that miraculous medicine is segregation'.²⁹⁸ Winding up the Second Reading debate on the Natives (Urban Areas) Bill of 1923 which laid down the principle of residential segregation, the Prime Minister, General Smuts, said:

'If the principles of that Bill...were fairly applied in South Africa, we should remove what was to-day a grievance and a menace to health and decent living in this country'.²⁹⁹

Coming as they did when the foundations of the Union of South Africa were still being laid and its character moulded, the measures aimed at preventing a second 'Black October' helped to impress distinctive features on the new state and its people: an interventionist Central Government with an exaggerated concern for the welfare of Whites (usually at the expense of other races), triply divided responsibility for public health and a growing movement towards statutory racial segregation. The entrenchment of fundamental characteristics of this sort more than justifies an assessment of the Spanish 'flu epidemic as a watershed in South African medical, social and administrative history.

298. E H Brookes: The History of Native Policy in South Africa 1830 to the Present Day (Cape Town, 1924), p.5. For a contemporary work which saw the 'flu experience as pointing up the need for the territorial segregation of Blacks, see J Kirk: The Economic Aspects of Native Segregation in South Africa (London, 1929), p.79.

299. Debates of the House of Assembly...as reported in the Cape Times, vol. 8, p.67, col. 3. The 'security of tenure' provision recommended by the Influenza Epidemic Commission was not included in the final Act (see M Legassick: 'The Making of South African "Native Policy"', p.8; T R H Davenport: The Beginnings of Urban Segregation in South Africa: The Natives (Urban Areas) Act of 1923 and its Background (Grahamstown, 1971), pp.16-23).

CHAPTER 12

CONCLUSION: THE SIGNIFICANCE OF THE SPANISH
'FLU EPIDEMIC IN SOUTH AFRICAN HISTORY

'[T]he best studies of l'histoire événementielle ... are precisely those which, in order to gauge the impact of any given event, seek to locate it firmly within its context, looking both backward and more especially forward in time, to find out whether the event in question really "made any difference" or not.'

(Emmanuel Le Roy Ladurie¹)

Academic training inclines historians to play down the effects of natural disasters on the course of history. Assessments, such as E P Cheyney's conclusion that the effects of the Black Death, 'like other catastrophic occurrences in history, ... were less important, than the workings of more silent and persistent forces',² are the rule³ and it would be perverse to ignore these well-considered opinions in trying to gauge the significance of the Spanish 'flu epidemic.

In numerous instances the effect of the epidemic was to intensify pre-existing trends, often to such a degree that they culminated in concrete measures in its aftermath, rather than a decade or two later. 'Many questions are brought by this epidemic to a

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1. E Le Roy Ladurie: The Mind and Method of the Historian (Brighton, 1981), p.2.
 2. E P Cheyney: The Dawn of a New Era 1250-1453 (New York & London, 1936), p.35.
 3. See for instance, M McKisack: The 14th Century (Oxford, 1959), p.338; D Waley: Later Medieval Europe (London, 1966), p.103; D Hay: The Medieval Centuries (London, 1964), p.124; G O Sayles: The Medieval Foundations of England (Reprinted edition, London, 1977), p.436; M Prestwich: The Three Edwards (London, 1980), p.264; J K Hyde: Society and Politics in Medieval Italy (London & Basingstoke, 1973), pp.179, 181; W M Bowsky (ed): The Black Death (New York, 1978), pp. 39, 48, 57, 108; R S Gottfried: The Black Death (New York, 1983), pp.xiv-xv.

point where their solution is imperative if similar scourges are to be minimised in the future,' observed a clergyman acutely in November 1918.⁴ Cholera epidemics often had a similar effect in Europe in the 19th Century, playing 'a central role in crystallizing sentiment in favor of public health and environmental reform'.⁵

In South Africa the passing of the Public Health Act in 1919 is an analogous case, but the preceding chapters provide other examples of this type - at a municipal level, the creation of Pinelands, Cape Town's large-scale involvement in public-funded housing schemes and Kimberley's introduction of water-borne sewerage;⁶ amongst Blacks, the increased integration of rural areas and their inhabitants into the metropolitan economy and culture; the growing resort to independent churches and orthodox Christianity and their statutory registration in urban areas;⁷ in matters of health, the wider acceptance of cremation-ism, the construction of long-promised hospitals, the boost to popular health education, the new policy of not closing schools during epidemics and the extension of the medical inspection service for their pupils.⁸

In other situations, the experience of 'Black October' added a new dimension to processes already under way. For instance, some leading Afrikaners became convinced that good health was fundamental to any meaningful progress by the 'volk'.⁹ While public health officials recognised the urgent need to plug the serious

4. The News-Letter, November 1918, p.319.

5. C Rosenberg: 'Cholera in Nineteenth-Century Europe: A Tool for Social and Economic Analysis' in Comparative Studies in Society and History, vol. 8 (1965-6), p.455.

6. See ch. 2, pp.73-77 and ch. 3, p.112.

7. See ch. 5, p.188 and ch. 11, pp.408-411.

8. See ch. 11, pp.383, 391-392, 402, 403, 407-408.

9. See ch. 11, pp.408-411.

gaps in the Union's growing defences against infectious diseases which the 'flu had exposed, notably in regard to epidemic notification and quarantine regulations.¹⁰ Likewise, the epidemic revealed important omissions in the draft Public Health Bill and several clauses were added during the Committee Stage in the House of Assembly to repair these.¹¹ As a result, a crude but comprehensive framework to safeguard the country against the introduction of epidemics from overseas was brought into being.

Yet, to conclude that the effect of the 'flu epidemic was merely to hasten or extend what was already pending is to see only part of the picture. In some areas 'Black October' produced results which were barely anticipated and almost without a precedent in pre-'flu South Africa. In these fields it was a seminal event which added distinctive and novel features to South African life. The clearest example of this is its demographic impact.¹² Almost at a stroke it radically altered the composition of the Union's population with regard to size, age-structure and ratio between the sexes. It was the most important episode in the country's demographic history, shaping the structure of the South African population fundamentally for the rest of the century.

In other areas its impact was almost as momentous. Often it raised barely-existent features onto completely new planes - for instance, in the provision made for White orphans,¹³ in the involvement of the Central Government in public housing,¹⁴ in the Cape's adoption of a new system of poor relief,¹⁵ in Bloemfontein's commitment to a comprehensive social welfare programme,¹⁶ in its stimulus to the life- and funeral insurance

10. See ch. 11, pp.379-382.

11. See ch. 11, pp.378, 381.

12. See ch. 9.

13. See ch. 10, pp.335-339.

14. See ch. 11, pp.415-417.

15. See ch. 2, p.72 and ch. 10, p.343.

16. See ch. 4, pp.138-140.

industries¹⁷ and, at an individual level, in the mass grief it caused and the physical after-effects it left in its wake¹⁸ to dog many a 'flu survivor for the rest of his or her life.¹⁹

The brief answer to Le Roy Ladurie's implied question at the head of this chapter is that, at a variety of levels of South African society, the Spanish 'flu epidemic did make a considerable difference. Not only was it the culmination of what Joseph Miller has labelled, 'the epidemiological, epizootic, and subsistence crises of 1880-1920' in the sub-continent,²⁰ but directly or indirectly, it exercised an important moulding influence itself on social, medical and administrative policies at what has rightly been identified as a 'formative time in the development of modern South Africa'.²¹ It forced central and local authorities to become involved in social welfare to an unprecedented extent and was thus an important milestone in the development of an interventionist, White welfare state in South Africa.

However, the significance of the 'flu epidemic for the historian does not end there. As was noted in the Introduction,²² its course and the responses it evoked shed light on numerous aspects of contemporary South African life and thought not readily apparent under normal conditions. As Lawrence Stone has observed, 'a whole social system and set of values can be brilliantly illuminated by the searchlight method of recording in

17. See ch. 11, pp.392-395.

18. See ch. 9, pp.296-297 and ch. 10, pp.346-349.

19. Might one add too the establishment of the ICU as an accidental result? The Spanish 'flu brought Kadalie into contact with A F Batty via a chance encounter, supposedly as a result of the 'flu. (C Kadalie: My Life and the ICU (London, 1970), pp.39-40)

20. J C Miller: 'Demographic History Revisited - Review Article' in Journal of African History, vol. 25, no. 1 (1984), p.96.

21. F A Johnstone: Class, Race and Gold (London, 1976), p.3.

22. See Introduction, p.2.

elaborate detail a single event. ...²³

Firstly, the speed with which the two highly infectious but short-lived waves of the Spanish 'flu epidemic were carried through South Africa graphically illustrates how thoroughly the mineral and transport revolutions had united the sub-continent and linked it to the wider world economy. No longer did these links end at its ports, as in earlier times: by 1918, they extended to the remotest village and kraal via the railway network, the migrant labourer and the military recruit. Compared to the rest of Africa, the pathway of the epidemic into the interior from the coast was swiftest in Southern Africa.²⁴ By 1918 the integration of this region into the 'modern world-system' was far advanced and, in the difficult task of 'mapping the geographical extent of the world-economy',²⁵ the influenza pandemic is as vivid an indicator to the historian as a barium meal is to a radiologist.

The extraordinary conditions of World War I certainly intensified this process, but the impact of the war went much further than this in daily life in South Africa, a little recognised fact emphasised by 'Black October' - for instance, in the frequency with which the war featured in popular explanations of the calamity;²⁶ in the social and bio-medical effects it produced by concentrating large numbers of soldiers on ships, trains and in camps;²⁷ in the extent to which it drained civilian life of skilled and professional men and women, such as doctors and nurses;²⁸ and in the way it militarised South African society

23. L Stone: 'The Revival of Narrative' in Past and Present, no. 85 (November 1979), pp.13-14.

24. K D Patterson and G F Pyle: 'The Diffusion of Influenza in Sub-Saharan Africa During the 1918-1919 Pandemic' in Social Science and Medicine, vol. 17, no. 17 (1983), pp. 1304-5.

25. T K Hopkins and I Wallerstein: 'Patterns of Development of the Modern World-System: Research Proposal' in Review, vol. 1, no. 2 (Fall 1977), p.141.

26. See ch. 8, pp.280-282.

27. See ch. 2, pp.24-29; ch. 3, pp.98-99; ch. 5, pp.152-153; ch. 6, pp.191-192.

28. See ch. 2, p.34; ch. 3, p.88 note 36; ch. 6, p.204.

through recruiting drives, special war fêtes and campaigns for war-funds and intensive newspaper coverage, all of which the 'flu temporarily disrupted.²⁹ The impact of World War I on South African society clearly extended well beyond the political, economic and military spheres usually examined by historians.

The 'flu epidemic also underlined distinctive features of the new central state set up in 1910: its laissez faire attitude to social welfare (which the revelations of 'Black October' helped to alter), its readiness to borrow legislation from other parts of the British Empire,³⁰ its sensitivity (rather than servility) to the labour needs of the mines³¹ and White agriculture,³² its strict approach to financial relations with local authorities,³³ its bitter intra-White political clashes, marked by acrimonious rhetoric³⁴ and its growing secularism.³⁵ Several of these features reflect the special concern for the interests of Imperial mining capital which some historians have identified as characteristic of the South African state in this period.³⁶

In their relations with this central state local authorities, led by the larger municipalities, demonstrated a significant degree of autonomy, asserting their interests with vigour.³⁷ The

29. See ch. 2, pp.35-36 and ch. 5, p.159.

30. See ch. 11, pp.315, 414.

31. See ch. 1, pp.14, 17 and ch. 5, pp.184, 187.

32. See ch. 10, pp.350-351.

33. See ch. 10, pp.353-354.

34. See ch. 6, pp.230-232 and ch. 11, p.370.

35. See ch. 8, pp.267-274.

36. For instance, R H Davies: Capital, State and White Labour in South Africa 1900-1960 (Brighton, 1979), p.34; B Bozzoli: The Political Nature of a Ruling Class - Capital and Ideology in South Africa 1890-1933 (London, 1981), p.142; D E Kaplan: 'Class Conflict, Capital Accumulation and the State - An Historical Analysis of the State in Twentieth Century South Africa' (Unpub. Ph.D. thesis, Sussex University, 1977), p.35.

37. See ch. 10, pp.353-355 and ch. 11, pp.377-378.

fledgling Municipal Associations appeared to be developing distinctive and influential voices of their own which were recognised as such by the Central Government, as seen in the composition of the Influenza Epidemic Commission and the provision made for extensive devolution of authority in the Public Health Act.

Particularly revealing is the way in which towns and their inhabitants coped with the immediate crisis of 'Black October'. A comparison of their responses to this severe test delineates their peculiar characters with considerable accuracy. However, allowance must be made for the varying intensity of the epidemic in each town in characterising their responses.

Even so, the Bloemfontein Municipality's self-reliance and its energetic but autocratic measures were entirely in keeping with the town's interwar claim to be South Africa's Birmingham, while Kimberley's near collapse when De Beers was crippled by the epidemic emphasises the town's heavy reliance on that company. As one resident put it, 'If De Beers were affected, then Kimberley was in trouble'.³⁸ De Beers' dominance in Kimberley is apparent in its unilateral decision to bury its workers on its own land, in the appointment of Alpheus Williams as Oranstein's successor, in the fact that in the wake of the epidemic he was the one who framed the reforms deemed necessary for the town and in the retention of the anomalous Board of Health as the local Health authority, despite the Municipality's opposition. In nearly every sphere the Municipality of Kimberley was a junior partner to De Beers in governing the town.

Cape Town was almost as badly affected as Kimberley, but the City Council was gradually able to take the initiative, relying on extensive municipal resources, a tradition of voluntary help and contributions by a significant number of affluent, civic-minded men. As a seaport, capital city and military headquarters it was never in danger of running short of willing hands, medicine or provisions.

38. Interview with Mr W S O'Brien.

These characterisations of three leading towns in the Union must remain provisional, however, since Urban history is as yet a poorly developed field in South Africa. It may well be that they reflect appearance more than reality: only further research can tell.

What needs little additional confirmation is the widespread existence of congested slums in the Union's towns, which the epidemic highlighted. Not only the shocked reports of middle-class relief-workers, but the statistics of differential mortality in adjoining parts of the same city³⁹ convey this fact dramatically. In this respect the Spanish 'flu was akin to a thorough, country-wide survey of health and living conditions at an early stage of South Africa's industrial revolution. Detailed maps of where deaths occurred would pinpoint overcrowded areas with no little accuracy, lending some support to Louis Chevalier's contention that epidemics do not create abnormal situations, but intensify the normal aspects of abnormal situations.⁴⁰ How people die can reveal much about how they lived.

Not only did such revelations about the high death-rate in overcrowded, predominantly Black and 'Coloured' districts strengthen many middle-class Whites in their belief that Blacks and even 'Coloureds' were especially prone to disease, biologically and culturally, but they also reinforced their anxieties about the threat of infection across all 'natural' barriers. Never before in their experience had disease ignored these barriers so widely or with such deadly effect. Like the bubonic plague of 1901, but far more powerfully, the Spanish 'flu heightened existing anxieties about the unrestrained spread of infection and 'focussed them sensationally'.⁴¹

39. See ch. 2, p.65; ch. 3, p.104; ch. 4, p.136.

40. Quoted in R E McGrew: Russia and the Cholera, 1823-1832 (Madison and Milwaukee, 1965), p.11.

41. M W Swanson: 'The Sanitation Syndrome: Bubonic Plague and Urban Native Policy in the Cape Colony, 1900-1909' in Journal of African History, vol. 18, no. 3 (1977), p.393.

If the 'flu epidemic underlines the degree to which Blacks and 'Coloureds' were perceived as a threat to the health of middle-class Whites, yet were still wanted by them in towns, it also explains this paradox - the labour needs of industry, the state and ordinary households. Whether it was in the concern to see that workers did not leave Kimberley or the Rand,⁴² the anger when they did not return to work quickly enough in Cape Town or Bloemfontein,⁴³ the continuation of labour recruiting in the Transkei, even after military recruiting had been suspended because of the 'flu,⁴⁴ the Central Government's efforts to secure labour for the mines and White agriculture⁴⁵ or its fear that a lack of medical facilities might impede the reproduction of labour in the Transkei,⁴⁶ the need for labour stands out as an overriding concern of the dominant classes in 1918. Moreover, 'Black October' allows the workings of the migrant labour system to be traced in detail, from the failure of crops to the embarkation for the mines⁴⁷ and, in so doing, emphasises the increasingly dependent position of the Black rural areas in the political economy of South Africa. If the millenarian response to this process and associated crises among Blacks is not unknown to historians,⁴⁸ the existence of Johanna Brandt's millenarianism among rank and file Afrikaners is.⁴⁹ A comparison of the sources of anxiety among these two groups, their common feelings of deprivation and dispossession, their wariness of Western

42. See ch. 3, p.102 and ch. 1, p.13.

43. See ch. 2, pp.59-60 and ch. 4, pp.128-129.

44. See ch. 5, p.159.

45. See ch. 5, pp. 184-187 and ch. 10, pp.350-351.

46. See ch. 5, p.171.

47. See ch. 1, p.18 and ch. 5, pp.181-187.

48. See ch. 8, p.267.

49. See ch. 8, pp.265-266. Irving Hexham has included Johanna Brandt and her ideas in his recent study of 'little tradition' religion among Afrikaners (see I Hexham: 'Modernity or Reaction in South Africa: The case of Afrikaner religion' (Unpublished conference paper, University of British Columbia, December 1981)).

medicine and its institutions and their consequent actions would be most illuminating.

One of the reasons for many Afrikaners feeling excluded is also hinted at by the 'flu: the haughty and superior attitude towards them by the English-speaking elite who dominated industry, commerce, culture, the professions, the civil service and the army. Despite co-operation and ready assistance across lines of language, examples of English-Afrikaans rancour did surface during 'Black October',⁵⁰ signalling that the prevailing spirit of comradeship was likely to be of short duration.

This spirit of comradeship is an example of the ideal codes of behaviour which the 'flu crisis called forth, particularly in middle-class English-speaking circles. It provided an opportunity for men and women, filled with wartime ideals of sacrifice, 'doing one's bit' and helping others, to act according to what were deemed to be the highest principles of dutiful humanity. In this code the role of women was clearly prescribed. The lyrical praise for their unselfish work as nurses, relief-workers and sick-visitors⁵¹ and the numerous calls for them to be trained in home-nursing and domestic science⁵² emphasise the supportive role envisaged for them. The absence of any women from membership of the Influenza Epidemic Commission neatly defines the limits of this role.⁵³

50. See ch. 4, p.131; ch. 6, p.234 and ch. 11, p.370.

51. The Cape, 11/10/1918, p.3 and 1/11/1918, p.24; S A Nursing Record, November 1918, p.22; Cape Times, 19/10/1918, p.4 ('Our Women in the Epidemic'); Daily Dispatch, 22/11/1918, p.6 ('The Pestilence and the Neighbour Nurse'); New True Templat, November 1918, p.31; The Nongqai, November 1918, p.541; The Labour World, 25/10/1918, p.2.

52. See ch. 2, p.71 and ch. 11, pp.405-408.

53. A few women columnists used the major role played by women in the campaign against the 'flu to argue in favour of their having more say in local and national affairs (The Cape, 1/11/1918, p.26; The Nongqai, March 1919, p.156; Woman's Outlook, November 1918, p.4; and December 1918, p.191).

The experience of 'Black October' also illuminates the position of another key group in the counter-offensive against the 'flu, doctors. That they already formed an articulate, self-aware and tightly-knit profession, enjoying high status in society, is clear from the pages of the two local medical journals.⁵⁴ Dissent from accepted viewpoints was not encouraged⁵⁵ and they were especially sensitive to any form of coercion by laymen, being almost contemptuous of popular opinion on medical matters. Their overreaction to the possibility of being commandeered in times of crisis⁵⁶ was entirely in character. The division of Kimberley into medical districts⁵⁷ was only possible because of Orenstein's standing and the desperate straits of the few doctors who remained on their feet. Even then, one local practitioner refused to co-operate.⁵⁸

If the public's behaviour during 'Black October' is any indication, popular feelings towards scientific medicine in 1918 spanned a wide range of attitudes, from blind faith to outright hostility. Traditional, non-scientific beliefs as to the origin and treatment of disease were still strong⁵⁹ and even where the public knew about germs, their understanding was often crude.⁶⁰ The popular outcry against the Department of Public Health was directed more against its administrative ineptitude than against its specifically medical failings. Outside of a White urban minority, the medicalisation of South African society was barely under way in 1918.

54. See ch. 11, pp.369-371.

55. See ch. 6, p.203 and ch. 7, p.243.

56. See ch. 11, p.371.

57. See ch. 3, p.95.

58. South African Medical Record, 11/1/1919, p.7.

59. See ch. 4, p.223; ch. 7, pp.249-252 and ch. 8, *passim*.

60. See ch. 7, pp.240-241 and ch. 8, p.281.

Similarly, the emergence of a new, '20th Century' attitude to death (designated 'invisible death' by Ariès⁶¹) was confined to this small segment of the population. Outside of this 'enlightened' and influential circle, cremation - as a recoil from the ubiquity of death and corpses during 'Black October' - gained few adherents.⁶² The majority of South Africans, perhaps because they were more accustomed to death in their daily lives, seem to have been more perturbed by the widespread replacement of traditional funeral practices by burial without coffins in mass graves.⁶³ Their reaction to the sudden proliferation of corpses was not repugnance: rather, they felt a necessity for traditional funeral customs to be made more efficient so that they could cope with overwhelming numbers - hence the campaign to centralise burials in large cemeteries in Black rural areas⁶⁴ and the growth in support for funeral insurance which guaranteed an individual plot and a coffin.⁶⁵ In the absence of any study of changing attitudes to death in South Africa, one might ever suggest that by familiarising many White town-dwellers with death, the Spanish 'flu actually delayed the development of the 'invisible death' syndrome. 'Before that [the 'flu epidemic] happened, I'd run miles from a corpse,' recalled one Cape Town survivor years later, 'but ... after that ... I just didn't worry about it. Death ... was just one of those things that one has to reach one day. One ... became hardened ... It completely

61. F Ariès (translated by H Weaver): The Hour of Our Death (London, 1981), p.594.

62. See ch. 11, p.385; J J Schmidt: Die Houding van die Stedelike Swaaman teenoor Verassing, die Deel en Hergebruik van Grafte en die Begrafnis of Herbegrafnis van Dooies in die Tuislande (HSRC Instituut vir Sosiologiese, Demografiese en Kriminologiese Navorsing, Pretoria, 1976), p.75; P W Grobbelaar et al: Boerewysheid (Cape Town, 1977), ch. 7. Linda Bryder suggests that in New Zealand the experience of the 'flu played a greater part in changing attitudes to death (L Bryder: '"Lessons" of the 1918 Influenza Epidemic in Auckland' in New Zealand Journal of History, vol. 16, (1982), pp.119-201).

63. See, for instance, ch. 2, pp.54, 58.

64. See ch. 5, p.173.

65. See ch. 11, p.395.

changed my outlook on life.'⁶⁶

If medical and funerary innovations met resistance at a popular level, 'Black October' showed that certain technical inventions had already won considerable official acceptance. Motor vehicles were already in such wide use in 1918 that special arrangements had to be made to ensure that petrol was available for running essential services during the epidemic.⁶⁷ In a different sphere, the valuable role which the wireless could play in giving warning of epidemics aboard incoming ships was recognised and in 1919 it was put to this use for the first time.⁶⁸ The 'flu also hastened appreciation of the value of the cinema in educating the public in matters other than war-time patriotism.⁶⁹

Despite the dramatic episodes and significant results outlined in the preceding chapters, the paradox remains that the worst natural disaster experienced by South Africa has little place in its history or official memory.

Almost all histories of the period overlook it,⁷⁰ few novelists or poets have written of it⁷¹ and most South Africans under forty

66. Interview with Mr S Stone. For similar sentiments, see Collier Collection: Letter from Mr N A Reinbach, 13/10/1972.

67. See ch. 6, p.211.

68. See ch. 11, p.380.

69. See ch. 11, p.387; and T Gutsche: The History and Social Significance of Motion Pictures in South Africa 1895-1940 (Cape Town, 1972), p.372.

70. See Introduction, p.4.

71. I have been able to find only four South African literary works in which the Spanish 'flu features prominently: C J Langenhoven: Mof en Sy Mense (37th edition, Cape Town & Johannesburg, 1972); Mary Byron: 'Klas' in her collection Dawn and Dusk in the High Veld (London and New York, 1931); Uys Krige: 'Swart Oktober' in his Ballade van die Groot Begeer en Ander Gedigte (Cape Town, 1960); Morkel van Tonder: Halfkroon op die oë (Cape Town, 1978). A fifth work, A S Cripps: Africans All (London, 1928), used the 'flu as a background to a story set in Southern Rhodesia.

are unaware of it. Apart from a few monuments tucked away out of public sight,⁷² popular knowledge of the 'flu epidemic depends on the memories of a rapidly diminishing number of survivors, brief chapters in popular works,⁷³ occasional references in biographies and local histories and newspaper and periodical articles occasioned by anniversaries of 'Black October' or new outbreaks of 'flu'.⁷⁴ The generation of Black South Africans who date events according to 'years before' or 'years after' the 'flu'⁷⁵ is vanishing and Ora Pro Nobis Terblanche,⁷⁶ like other 'flu babies',⁷⁷ is now 66.

Two contemporary songs have also survived, but only in the memories of people who learnt them at the time (see interviews with Mrs G Kumalo and Mr E G Mullins). I subsequently discovered that the song sung by Mrs Kumalo is R T Caluza's 'Influenza' of which a copy exists in the Lovedale Archives in Cory Library, Rhodes University (MS 16,378). The texts of both songs have been included as Appendices 1 and 2, p.438.

72. Those I know of are in Maitland Cemetery, Cape Town; in the grounds of the De Beers Dynamite Factory, Somerset West; in the Public Library, Port Elizabeth; in the courtyard of the Nurses' Residence at Kimberley Hospital; in Alexandra Avenue, Bloemfontein and on the Louis Trichardt road outside Pietersburg.
73. See Introduction, p.4.
74. For instance, see Cape Argus, 2/10/1955, 5/10/1962, 28/3/1969; Cape Times, 16/9/1950, 22/6/1968, 29/6/1968, 24/10/1978; Eastern Province Herald, 12/11/1968; Evening Post, 7/8/1965, 14/8/1965, 28/8/1965; Die Oosertieg, 20/9/1968; Beeld, 6/10/1968; Die Burger, 22/5/1973; Die Vaderland, 8/12/1972; The Star, 8/10/1958; The Friend, 8/2/1967; South African Medical Journal, 1/1/1955, p.7; 1/8/1957, p.769; 28/9/1957, p.984; 7/9/1968, p.881.
75. See ch. 5, p.186.
76. Mrs Ora Pro Nobis ('Pray for Us') Terblanche of Hobhouse was born during the 'flu epidemic and her grandmother insisted on the name as the baby was to be a blessing to the family' (Letter to author from Mrs Janet Hodgson, 7/9/1982). For a similar, though less striking, example (that of Myra Viljoen - Myra means 'lament'), see P J Viljoen: Ek Myk Terug (Cape Town, 1949), pp.124-125.
77. Children born during 'Black October' were commonly referred to as 'flu babies' (Letter to author from Mrs B Campton, 27/10/1978).

One can only speculate on the reasons for this lacuna in the national memory, a quirk not limited to South Africa.⁷⁸ Its short duration, its coincidence with Armistice and serious post-war unrest, the fact that it did not return after 1919 and that the label 'influenza' lacked the frightening connotations of a term like 'plague' must all have played some part.

At an individual level, many wished to put out of their minds their personal losses or the horrific scenes which they had witnessed during 'Black October'. 'It was a little bit too much for anyone to even think about any more,' recalled one man who lived through it. 'We just wanted to forget about it.'⁷⁹ Others felt increasingly reluctant to talk about it over the years 'as I am sure no one would believe me,' explained an elderly survivor.⁸⁰ As Biraben and Le Goff have argued about an earlier pandemic in Europe, 'Once the phenomenon had disappeared, the people were incapable of grasping it in its past dimension.'⁸¹

78. A W Crosby: Epidemic and Peace, 1918 (Westport, 1976), pp.311-325; W M McNeill: 'The Plague of Plagues' in New York Review of Books, 21/7/1983, p.28.

79. Interview with Dr M I Kamp, 18/7/1979. See too interview with Mrs J Stern, 14/11/1978 and Collier Collection: Letter from Mr F J van der Merwe, 2/4/1973. An unexpected reason for not mentioning the Spanish 'flu is referred to in the Foreword to Graves' popular account, Invasion by Virus. Can it Happen Again? (London, 1969). The book was scheduled for publication in 1958, but the outbreak of the Asian 'flu epidemic in 1957 'made the book's appearance completely impossible. No publisher in his senses would have dared to face charges of frightening the public still further than it had already been by the newspaper reports.' As a result, publication was delayed until 1969. 'Even then,' admitted Graves philosophically, 'I had to wait until it was completely certain that A2/Hong Kong, 1968 was no real killer before bringing 'Invasion by Virus' up to date.'

80. Collier Collection: Letter from Mrs W Hopper (née Estment), 17/5/1972.

81. J-N Biraben and J Le Goff: 'The Plague in the Early Middle Ages' in R Fürster and O Rasmussen (eds): Biology of Man in History - Selections from the Annales (Baltimore and London, 1975), p.49.

As for historians' failure to give attention to the course and effects of the Spanish 'flu epidemic, part of the explanation lies in their heavy concentration on political and economic issues, almost to the exclusion of social history.⁸² A preoccupation with nationalism, race relations, the development of capitalism and the class struggle allows little room for day-to-day matters such as how people lived and died. Among 'Coloureds', Blacks and Affrikaners, where popular memory of the epidemic was sharpest because of its severity among them, historians have either been too few or too concerned with political history to deem tales of the 'flu heard from elders as worthy subjects for scholarly investigation. If they had they would have recognised the significance of a topic of which a 79-year old former resident of Kimberley said:

"I don't hope for anything like that again ---
That's worse than a war."⁸³

82. Recent work by van Onselen, Bundy, Beinart, the History Workshops at the Universities of Cape Town and the Witwatersrand and the Centre of International and Area Studies, University of London, raises the hope that this neglect might be on the wane. See too F A Johnstone's comments in Review, vol. 3, no. 2 (Fall 1979), p.314.

83. Interview with Mrs M Jones, 14/6/1978.

APPENDIX 1

Translation of 'Influenza' (Music and original Xhosa words by R T Caluza*),

'In 1918 an influenza epidemic spread like wildfire throughout the country. It took with it many lives. Our beloved mothers, fathers, sisters and brothers died. At some homes not a soul survived. Beautiful daughters, handsome sons, bonny babies, engaged girls, and newly married couples passed away. Old and young perished and darkness ruled over all the earth.

Parents left their young ones uncared for and in great grief. Nevertheless, it was so with those who went to Canaan. Despite the hardships they experienced they persisted in praising and magnifying the Names of their Maker.

Therefore youth let not hearts be troubled for there is no complete happiness.'

* Original in Cory Library for Historical Research, Rhodes University: MS 16 378.

APPENDIX 2

Verse from schoolboy song sung at St Andrews Preparatory School, Grahamstown, November 1918.*

(To the tune of 'When his day is done')

'Oh, would you like to hear the tale of Spanish influenza,
When everybody great and small must do his own sebenza.^o
We'll tell you all about it in our own Preparatory
And when we're finished you can see how smart we all can be.
For all of us we did our bit, old boys and new pots too,
We swept the floors and made the beds when we had Spanish 'flu.'

* Words provided in interview with Mr C G Mullins

^o sebenza = work, labour (Panagala)

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4/3/1/35 - 4/3/1/48, 4/3/1/62, 4/3/1/74 - 4/3/1/81,
4/3/1/107, 4/4/1/37 - 4/4/1/40, 4/4/1/47, 4/4/1/63,
4/5/1/12, 4/5/1/27 - 4/5/1/36, 4/6/1/43 - 4/6/1/47,
4/6/1/91, 4/8/1/70

Municipality of Bloemfontein (Uncatalogued archives)

Town Council Minutes 1919 - 1921

Public Health Committee Minutes 1917 - 1921

Native Affairs Committee Minutes 1918 - 1923

Reports to Council and Committees 1915 - 1919

Mayor's Minutes 1919 - 1936

Provincial Secretary, OFS (PAS)

Box-files A 37, A 39, 27, 30, 36, 38, 104 - 107, 140, 146, 147, 292, 320, 377 - 387, 396, 497, 507, 511, 534, 536, 541, 544, 552, 553, 555, 577, 593, 603, 604, 622, 640, 668, 670, 693, 698, 701, 704 - 706, 711, 733, 764, 786, 788 - 791, 795, 803, 837, 840, 845, 848, 866, 892, 896, 897, 901, 915, 921, 923, 926, 934, 935, 949, 950, 955, 981

(vi) South African Defence Force Archives, Pretoria (now known as Military Information Bureau)

Secretary for Defence (DC)

Box-files 132, 151, 250, 270, 348, 357, 364, 424, 566, 581, 804, 840, 845, 861, 864, 875, 881, 898, 1021, 1024, 1151, 1152, 1158, 1173, 1175, 1182, 1199, 1209, 1216, 1223, 1240, 1255, 1257, 1274, 1278, 1279, 1292, 1293, 1295, 1303 - 1305, 1308, 1309, 1323, 1325, 1330, 1334, 1346, 1347, 1355, 1361, 1362, 1928, 3587, 3761

South African Medical Corps (SAMC)

Box-files 4, 5, 10, 11, 19

Adjutant - General (AG 1914/1921)

Box-files 12, 75, 143, 147, 207, 208

World War I, South African Native Labour Corps (WW I 1914 - 18 SANLC)

Box-files 1, 2

World War I, First Cape Corps (WW I 1914 - 18 1st Cape Corps)

Box-files 2, 3, 5

World War I, Imperial Service Details (WW I 1914 - 18
ISD)

Box-files 24, 26, 32, 33

World War I, German South West Africa (WW I 1914 - 18
GSWA)

Box-file 40

World War I, Diverse (WW I 1914 - 18 Diverse)

Box-file 36

Personal Files

AG 20304 (A.J. Orenstein)

AG 36888 (J.A. Mitchell)

Diverse Group (DIVERSE)

Box-file 19

(vii) KIMBERLEY PUBLIC LIBRARY

Kimberley City Council Archives (Uncatalogued)*

1 File series - files 159, 660, 685, 733

Bundle of documents marked "Housing conditions in

Kimberley - City Engineer (2) "

Unnumbered file marked "Nurses' Public Recognition
Fund"

Compound Manager's Reports for 1918 'loose'

* When I consulted these Archives late in 1980 they were unsorted, uninventoried and thus difficult to use. At that stage their transfer to the Cape Archives was still being debated.

Unnumbered file on "Housing Scheme - No 2 Native Location Extension " and petitions against it

Dossier 722 marked "Green Point Native Location Near Beaconsfield"

Dossier 676 marked "Public Health Bill and Act 1919"

Town Clerk's Letter Book ("G" Series), vols 58, 59 (1918 - 1919)

Town Clerk's Letter Book ("O" Series), vols 23, 24 (1918 - 1919)

Kimberley Board of Health Minute Book, 1914 - 1922

Kimberley Cemetery (West End) - Register of Interments (European) 1916 - 1938

(viii) Millwood House Museum, Knysna

Municipal Notice "Spanish Influenza", dated 19/11/1918

(ix) Office of the Master of the Supreme Court, Bloemfontein

Death Notice of A. J. van Rooyen Boshoff (B 4510)

UNOFFICIAL

(i) Central Archives, Pretoria

Accessions (A):

- 7 (J. C. Smuts Collection)
- 159 (J. A. Mitchell Personal Official Diary)
- 172 (Leerw. E. O. K. Muller Collection)
- 1290 (Frankfort Memorial Service Programme)

(ii) Transvaal Archives, Pretoria

Accessions (A):

- 356 (Dr. H. D. Broekhuizen Collection)
- 739 (J. de V. Roos Collection)
- 970 (M. C. Nicolson Collection)
- 1588 (Jagersfontein School Journal)
- 1653 (Mrs J. J. Harnewick Collection)

Accessions (W):

- 135 (Bond van Afrikaanse Moeders Collection)
- 154 (T. A. H. Dönges Collection)
- 160 (S. - A. Vrouwefederasie Collection)
- 179 (H. T. Glynn Diaries)

(iii) Cape Archives, Cape Town

Accessions (A):

- 540 (Sir Lewis Michell Collection)
- 583 (F. S. Malan Collection)
- 608 (H. E. Fremantle Collection)
- 1417 (H. Lichtenstein Collection)
- 1469 (Helpmekaar van Kaap Provinsie Collection)

- 1793 (Senator D. H. Van Zyl Collection)
- 1947 (Albrecht Diaries)
- 1953 (A. C. V. V. Collection)
- 1967 (Minutes of Loyal South African
Bud of Hope Lodge of Independent
Order of Odd - Fellows)

(iv) DFS Archives, Bloemfontein

Accessions(A)

- 360 (O. F. S. Chamber of Commerce Collection)
- 370 (The White Book - Diary of the Comm-
unity of St Michael and All Angels,
Bloemfontein)

Uncatalogued "The History of Harrismith" by
E. B. Hawkins (typescript)

(v) KIMBERLEY PUBLIC LIBRARY

- M. Adams "Adventures and Escapades in the
Life of John Adams, O. B. C." (typescript)
- Halliwel Collection File 24 (Influenza Epidemic 1918)

(vi) Bloemfontein Public Library

- K. Ramsbottom "Notes on Miss E. L. M. King"
- K. Ramsbottom "Some Old Memories of Schools"

(vii) Dutch Reformed Church Archives, Cape Town

Sinodale Sendingkommissie (S 3)

Box files 10/2/3, 13/3/1, 15/4/3/1, 15/4/7/1,
17/1/2

Barmhartigheidsdiens / Alg. Armesorgkommissie
(S 11):

Box files 1/1, 2a/1, 2b/1, 11/10/1, 11/10a/1,
11/10b/1, 17c/1, 26/3/1, 37/2(a)

Vereenigings en Inrigtings:

V 1 Box-files 1/16, 4/2

V 4 Box-file 1/3

V 5 Box-file 1/4

Van Wyk Collection (uncatalogued): Letters of condolence
on death of Gertruida van Wyk

(viii) Dutch Reformed Church Archives, Bloemfontein

Notule van die Ladybrand Kerkraad 1913 - 1928

Bloemfontein - Kerkraad Notule 1917 - 1925

(ix) Archives of N.G. Kerk in Afrika, Pretoria

Ringssending Konferensies - Notule en Bylaes N. Transvaal
Gemeentes 1885 - 1920, vol. 1

(x) Anglican Church Archives, Bloemfontein

Log Book St. Augustine's Mission, Thabametsi

(xi) South African Library, Cape Town

MSC 4 (D. J. Boonzaier Collection)

MSC 15 (J. X. Merriman Collection)

MSC 17 (F. A. Moltend Papers)

MSC 18 (Pocock Family Papers)

MSC 21 (J. Rose Innes Correspondence)

MSC 27 (W. P. Schreiner Collection)

MSC 34 (Free Protestant/Unitarian Church Records)

MSB 42 (A. E. Brown Letter)

MSC 30 (Searle Family Papers)

ixii University of the Witwatersrand Library

- A 67 (Laidler Collection)
- A 149 (Rev W.A. Norton Papers)
- A 150 (South African Mutual Life Assurance Society Records)
- A 618 (W Hills Diary)
- A 722 (A.L. Walker Autobiography)
- A 959 (A.M. Miller Papers)
- A 979 (Molema Family Papers)

Archives of the Church of the Province of South Africa:

- AB 186 (Archbishop W M Carter Letters)
- AB 357 (Records of St Matthew's College, Diocese of Grahamstown)
- AB 487 (Letter-books of Bishop H B Sidwell)
- AB 750 (Short History of Diocesan Training College, Grace Dieu, Pietersburg)
- AB 815 (Records of St Lucy's Hospital, Diocese of St John's)
- AB1011 (Bishop L W Williams Papers)

ixiii University of Cape Town Library

- BC 54 (Brand van Zyl Collection)
- BC 94 (G.L. Leipoldt Collection)
- BC 160 (Morris Alexander Papers)
- BC 234 (Bulus Papers)
- BC 293 (Sir W E M Stanford Papers)
- BC 294 (Sir Patrick Duncan Papers)
- BC 674 (G.M. van Geller Collection)
- BZA 83 (Abdurahman Family Papers)

(xiv) Institute for Contemporary History, University of the Orange Free State

PV 45 (J.H.B. Wessels Collection)

PV 153 (J.E. Kestell Collection)

(xv) Cory Library for Historical Research, Rhodes University

MS 14, 754 ("Notes on Influenza Epidemic" by Dr Neil Macvicar)

MS 16, 278 ("Influenza" by R.T. Caloza)

(xvi) Chamber of Mines Records Department, Johannesburg

File 1 13 (Influenza Epidemic 1918 and 1919)

N.R.C. Section: File on Spanish Influenza

(xvii) Standard Bank Archives, Johannesburg

General Manager's Half-Yearly Report, 1918 - 1919

General Manager's Office : Letters to London Office,
vols. 62, 63

Inspection Reports : vol 1/1/231 (Kimberley)

vol 1/1/279 (Umtata)

(xviii) De Beers' Archives, Kimberley*

"Report on Hotel Belgrave Hospital" by T.J. Ford,
6/11/1918

(xix) Plumstead Pharmacy, Cape Town (since demolished)

Prescription Book 5/10/1917 - 26/12/1918

* Unfortunately I was unable to gain access to these Archives myself; a copy of the Report on the Hotel Belgrave Hospital was kindly sent to me by the Archivist.

(xx) Masonic Archives, Suburban Temple, Rondebosch

Scottish District Grand Lodge Western Division, Minute
Book No 2, 1915 - 1925.

(xxi) Collier Collection (in possession of Mr Richard Collier,
Tadworth, Surrey, England)

109 letters from South African 'flu survivors collected
by Mr Collier in preparing his The Plague of the Spanish
Lady, (London, 1974) The names of these correspondents
are listed among those from other countries between
pages 335 and 376 of his book.

(xxii) Letters to the Author from Survivors of the Epidemic
and Their Descendants

Letters From :

Mr A.S.Aikman (b 1899), 6/6/1978* (Port Elizabeth)**

Mrs E. Aldworth (b 1906), October 1978 (Bloemfontein)

Anonymous author (b 1906), 16/10/1978 (Cape Town)

Anonymous author, 13/10/78 (Bloemfontein)

Mr. L.Auld (b 1899), 24/10/1978 (Lourenço Marques)

President H. Kamuzu Banda (b circa 1898) (Witwatersrand)

Miss E. Bell-Browne (b. 1903), 4/11/1978 (Witwatersrand)

Mrs L. Blewett (b 1904), 13/10/1978 (Newcastle)

Dr. J. Branford, 24/11/1978

Dr. V. Brink (b 1899), 29/3/1983 (The Strand)

Mrs E. Buyskas, 29/10/1978

Mrs D. Campion, 27/10/1978

Miss S. Clear, 17/11/1982 and 7/2/1983

* Date of letter

** Bracketed names of towns or districts indicate where
the author of the particular letter was during the 'flu
epidemic

Mr G.W. Cook, 23/10/1978 (Potchefstroom)

Mrs M.A. Daniel (b 1900), 1/11/1978 (Willowvale)

Mrs C.F. Davids (b 1899), 11/11/1978 (Cape Town)

Mrs B. Epstein (c circa 1904), 12/10/1978 (Cape Town)

Mrs C.W. Ewan (b 1900), 1/11/1978 (Benoni and Frederickstad)

Dr R.L. Forsyth (b 1904), 2/11/1978 (Cape Town)

Mrs J.S. Foulcs, 24/2/1982 (Cape Town)

Mrs A. Frayne, (b 1901), 13/10/1978 and February 1981
(Bloemfontein)

Dr the Hon. S. Gluckman (b. 1893), 17/9/1981 (Durban and
Roberts Heights)

Mrs D.A. Gordge, 13/11/1978 (Cape Town)

Mrs M.L. Grant, 11/10/1978

Captain B. Grindley (b 1911), 31/10/78 (Lordsburg)

Mrs M.E. Hardcastle (b. 1909), 20/10/1978 (Kimberley)

Mrs K. Heywood, 23/8/1978 (Bellville)

Dr J.P. Immelman, 29/5/1978

Dr C.F. Juritz (1864 - 1945) to Rev. J. Kingon, 3/11/1918 (copy
in author's possession)

Dr H.F. Kamp (b 1905) to Dr D. Trunkey, 12/2/1979 (copy in au-
thor's possession)

Mr M. Kaye (b 1910), 6/11/1978 and 27/11/1978 (Kimberley)

Mr S.J. Lee, 21/8/1981

Bishop Le Roy, 25/2/1982

Chief A.T.M. Letsie (b 1900) to Mrs J. Hodgson, 9/4/1978 (Roma
Lesotho) (copy in author's possession)

Mrs E. Malherbe (b 1914), 10.11/1982 (Ermelo)

Mrs E. Meredith (b 1907), 16/10/1978

Dr C. Niehaus (b. circa 1901), 11/4/1984 (Pretoria and
Amersfoort)

Mrs H.M. Parry (b circa 1900), 15/10/1978 (Johannesburg)

Mrs N. Peile (b 1892), 27/11/1978 (Cape Town)

Miss A.M. Quinn (b. 1904), 12/10/1978 (Potchefstroom)

Miss K N Ramshotton (b 1890), 9/3/1981 (Heilbron)

Mrs I G. Reed (b 1912), 26/10/1978 (Cape Town)

Professor J V-L. Reunie (b 1903), 5/11/1981 (Cape Town)

Mrs T. Shearing, 27/9/1980 and 16/10/1980

Mr J Stoenhoff, 9/5/1980 (Cape Town)

Mrs S V. Steiner (b 1908), 12/10/1978 (Durban)

Mr P H. Stuurman (b 1895), 12/11/1980 (Jansenville District)

Mrs B E. Todd, October 1978 (Johannesburg)

Professor H W. Turner, 17/5/1979

Mr M O. Dye (b.1903), 15/7/1978 (Stellenbosch)

Miss A. van Heyningen, 18/10/1978 (Edenville District)

Mr G A. van Oordt (b.1898) to Dr J. F. Ridgley, 23/1/1982,
(copy in author's possession)

Mr D P. Veary (b.1895), 11/10/1981 (Kimberley)

Mrs A. Weinberg, 4/3/1983

Miss F Westphal, 10/10/1981 (Kimberley and Pniel)

Mr J. Whittingdale, 12/10/1978

(xxiii) Interviews with Survivors of the Epidemic

(Recordings or transcripts of these are in the possession of the author).

Dr H. Ackermann (b.1908), March 1982 *(Richmond District, Cape)

Anonymous resident of Brookshaw House, Grahamstown (b. circa
1895), 14/12/1978 (Eastern Cape)

Mr D. Baloo (b 1908), 17/12/1978 (Umhata District and
Butterworth District)

Mr A. Bava (b 1894), 21/7/1981 (Pietersburg)

Mrs M. Birt (b. circa 1906), 24/1/1981 (Bloemfontein)

Mrs M. Bogacu (b 1896), 29/1/1981 (Bloemfontein)

Mrs M. Bohoko, 22/11/1980 (Kimberley and Pniel)

Mr. F. Botha (b 1902), 19/1/1981 (Bloemfontein)

Mrs L. F. Brinkhorst (b 1900), 21/7/1981 (De Rust District)

* Date of interview

** Bracketed names of towns or districts indicate where interview

was during the 1918 epidemic

Town)

Mrs Chapman (b.1911), 19/10/1978 (The Strand)

Charlotte ? (b.1900), 15/12/1978 (Butterworth

District)

Dr B. Clain (b.1902), 1/6/1978 (Cape Town)

Mrs F. Clouts (b.1900), 8/6/1978 (Cape Town)

Dr. P. F. Clover (b.1900), 20/3/1983 (Stellenbosch)

Dr. M. Cohen (b.1902), 22/4/1980 (Cape Town)

Mr J. Coleman (b.1902), 20/1/1981 (Bloemfontein)

Mr Crawford (b.1907), 20/6/1981 (Cape Town)

Mrs Cross (b.circa 1904), 19/10/1978 (Madybrand)

Mr S. Daubney (b.1902), 15/1/1981 and 20/1/1981

(Bloemfontein)

Mr R. de Smidt (b.1883), 1/6/1978 (Cape Town)

Mr H. Z. de Villiers (b.1907), 7/11/1978 (Paarl)

Sister Dympla (b. circa 1890), 28/7/1978 (Wynberg)

Dr J. Domisse (b.1902), 24/5/1978 (Piketberg)

Miss M. Dormehl (b.1900), 11/1/1984 (Cape Town)

Mr D. Draves (b.1903), 21/1/1980 (Kimberley)

Dr L. F. Duminy (b.1897), 18/5/1978 (Bellville

District)

Mr P. J. du Plessis (b.1903), 20/1/1981 (Smithfield

District)

Mr Eden (b.1909), 30/11/1980 (Kimberley)

Mrs G. Gafiel - Gader (b.1899), 12/10/1983 (Cape

Town)

Mrs Geach (b.1898), 15/12/1978 (Cathcart District)

Mrs R. L. Gibson (b. 1900), 21/11/1980 (Kimberley)

Mr A. Gilela (b.1902), 16/12/1978 (?)

Mr E. Gqweta (b.1892), 19/12/1978 (?)

Mr J. Granger (b.1879), 14/6/1978 (Cape Town)

Mrs Hall (b.1904), 15/12/1978 (Queenstown)
 Miss A.D.A. Helmbold (b.1906), 17/1/1981 (Bloemfontein)
 Dr L. Herrman (b.1881), 27/5/1978 (Cape Town)
 Mr J. Rhodes (b.1898), 27/1/1981 (Bloemfontein)
 Miss S. Ronikman (b.1904), 19/6/1978 (Cape Town)
 Mrs M. Jones (b.1899), 14/6/1978 (Kimberley)
 Mrs A. Kader (b.1911), 14/6/1978 (Johannesburg)
 Mrs J. Kader (b.1908), 14/6/1978 (Johannesburg
 and Vryburg)
 Mr A. Kain (b.1884), 21/3/1984 (Cape Town)
 Dr B.F. Kamp (b.1905), 18/7/1979 (Potchefstroom)
 Miss J. Kay (b. circa 1907), 26/5/1978 (Kimberley)
 Mrs A. Ketkar (b.1905), 26/10/1978 (Pretoria)
 Mrs Keys, 19/1/1981
 Mrs S. Klaasens (b.1900), April 1980 (Cape Town)
 Mrs Koekemoer (b.1892), 21/7/1981 (Schoemansdal)
 Mr Koekemoer (b.1905), 21/7/1981 (White River)
 Mr C. Kohler (b.1897), 23/1/1981 and 26/1/1981
 (Bloemfontein)
 Mr W. Kubeka (b.1910), 14/7/1982 (Ladysmith)
 Mrs G. Kumalo (b.1893), 19/10/1981 (Zululane)
 Mrs J.J. Lemmer (b. circa 1897), 26/1/1979 (Johannes-
 burg)
 Mrs M. Lester (b.1893), 5/12/1980 (Gong Gong)
 Miss F. Lister (b. circa 1892), 19/6/1978 (Ceres)
 Miss M. Lister (b.1866), 19/6/1978 (Sir Lowry's
 Pass Village and Cape Town.)
 Mr A. Luzipo (b.1901), 17/12/1978 (Butterworth
 District)
 Dr B. Mackenzie (b.1899), 17/11/1978 (Cape Town)

Dr M.E.McKerron (b.1895), 13/12/1978 (Cape Town)

Rev Dr E.E.Mahabane (b.1900), 19/1/1978 (Cape Town)

Mr A.Mahlageni (b.1902), 16/12/1978 (?)

Mr A.Mahlahla (b.1897), 19/12/1978 (Cape Town)

Mr S.Mali (b.1902), 15/12/1978 (Butterworth District)

Sister R.Mangan (b.1894), 18/7/1978 (Wynberg)

Mr Maree, 6/1/1981 (Bloemfontein)

Mrs L.E.Mashige (b.circa 1901), 25/7/1981 (Pilgrims Rest)

Mrs L.Mawu (b.1874), 15/7/1978 (Cape Town)

Mr D Mbaule (b.1902), 15/12/1978 (Ciskei)

Mr B Mbeki (b.1894), 17/12/1978 (Witwatersrand)

Mr J.Mfunda (b.1896), 13/12/1978 (Witwatersrand)

Mrs P.Mhlungu (b.circa 1872), July 1952 (Zululand)

Dr J.F.Midgley (b.1900), 12/2/1982 (Cape Town)

Dr F.K.Mitchell, November 1981

Mr B.Moeti (b.1895), 5/12/1980 (Kimberley and Tloag District)

Mrs M.Molwa (b.circa 1905), 25/7/1981 (Pietersburg District)

Mr M.I.Motlasing (b.1902), 25/7/1981 (OFS platteland)

Mr H.S. Msimang (b.1887), 1/7/1981 (Bloemfontein)

Mr C.G.Mullins (b.1905), 13/12/1978 (Grahamstown)

Mr A.Nathan (b.circa 1901), 24/1/1981 (Bloemfontein)

Miss B.Nathan (b.1900), 24/1/1981 (Bloemfontein)

Mr P.Ndaba (b.1900), 25/7/1981 (Cullinan District)

Mr P.Ntshikela (b.1908), 17/12/1978 (Butterworth District)

Mr W.S.O'Brien (b.1913), 8/2/1982 (Kimberley)

Mrs G.Ormon (b.1901), 27/5/1978 (Cape Town)

Alderman I. Ospovat (b.1903), 28/5/1978 (Cape Town)

Mrs W. Petersen (b.1901), 12/10/1978 (Cape Town)

Mrs M. Philda (b.1896), 16/12/1978 (Butterworth

District)

Mrs Rockman (b.1901), 16/6/1978 (Port Elizabeth)

Mr Rockman (b.1908), 16/6/1978 (Genadendal)

Mr D. Scholtz (b.1885), 13/6/1978 (Cape Town)

Mrs Scully (b.1899), 7/11/1978 (Germiston)

Mrs R.L. Shifrin (b.1900), April 1980 (Cape Town)

Mr N. Siyazi (b.1900), 16/12/1978 (Butterworth

District)

Mr Solomons (b.1892), 26/5/1983 (Cape Town)

Mr D. Soyizwapa (b.1898), 19/12/1978 (?)

Mrs J. Stern (b.1903), 14/11/1978 (Cape Town)

Mr S. Stone (b.1905), 3/11/1978 (Cape Town)

Mr Tilly (b.1897), 21/7/1981 (Krugersdorp,

Johannesburg, and Boksburg)

Mr M.O. Uys (b.1903), 3/11/1978 (Stellenbosch)

Mr A. Venter (b.1895), 21/7/1981 (Nuwe Smitsdorp)

Mr H. Venter (b.1907), 22/1/1981 (Bloemfontein)

Mrs S. Venter (b.1912), 21/7/1981 (Vrederus)

Mrs Vercueil (b.1896), 21/7/1981 (Pietersburg

and Pretoria)

Mrs P. Weisbecker (b.1893), 1/6/1978 (Cape Town)

Mrs White (b.1883), 13/12/1978 (Grahamstown

District)

Mr R. Whiteford (b.1907), 15/9/1979 (Cape Town)

Mrs E. Wightman (b.1899), 17/5/1980 (Cape Town)

Mr F.D. Williams (b.1915), 22/4/1981 (Kimberley)

Winterveld pensioners (anonymous), 25/7/1981

Mrs L. Zaula (b.1897), 15/12/1978 (Butterworth

District)

Mrs E.Zaule (b.1907), 16/12/1978 (Butterworth
District)

Professor H.Zwarenstein (b.1900), October 1978
(Mossel Bay)

Recording of S.A.B.C. Programme "It Seems Like
Yesterday", broadcast 8/8/1965.

University of Cape Town

B. PUBLISHED SOURCES1. OFFICIAL(i) Union of South Africa

UG 32a - 1912 : Census 1911 : Part II - Ages of the People

UG 32c - 1912 : Census 1911 : Part IV - Conjugal Conditions of the People

UG 32e - 1912 : Census 1911 : Part VI - Religions of the People

UG 43 - '18 : Report of the General Manager of Railways and Harbours for 1917 - 1918

UG 32 - '18 : Estimates of Expenditure 1919 - 1920

UG 7 - '19 : Report of the Department of Native Affairs 1913 - 1918

UG 15 - '19 : Report of the Influenza Epidemic Commission

UG 20 - '19 : Report of the Land and Agricultural Bank of South Africa for 1918

UG 25 - '19 : Report of the Railways and Harbours Board for 1918

UG 27 - '19 : Report of the Postmaster - General for 1918

UG 36 - '19 : Annual Report of the Department of Justice 1918

UG 37 - '19 : Statistics of Population 1917

UG 38 - '19 : Annual Report of the Secretary for Mines and Industries and Government Mining Engineer for 1918

UG 40 - '19 : Department of Agriculture - Report with Appendices for 1918 - 1919

- UG 41 - '19 : Report of the Under-Secretary for Education for 1918, Part I
- UG 45 - '19 : Interim Report of the Low Grade Mines Commission
- UG 49 - '19 : Finance Accounts, Appropriation Accounts, Loan Funds and Miscellaneous Funds (Exclusive of Railways and Harbours), Financial Year 1918 - 19 with Report of the Controller and Auditor - General
- UG 50 - '19 : Census of European or White Races of South Africa 1918 : Part I - Population
- UG 51 - '19 : Census of European or White Races of South Africa 1918 : Part II - Ages
- UG 54 - '19 : Report of the Director of Prisons for 1918
- UG 56 - '19 : South African Railways and Harbours - Statement of Accounts, Financial Year 1918-19 with Report of Controller and Auditor- General
- UG 59 - '19 : Report of the General Manager of Railways and Harbours for 1918-1919
- UG 2 - '20 : Report of Commissioner, South African Police for 1918
- UG 4 - '20 : Report of the Housing Committee to Inquire into Matters Concerning Housing Accommodation in Urban Areas and the Amendment of the Unhealthy Areas Bill
- UG 8 - '20 : Report of the Under - Secretary for Education for 1918, Part II
- UG 33 - '20 : Report of the Land and Agricultural Bank of South Africa for 1919
- UG 34 - '20 : Report of the Low Grade Mines Commission

- UG 35 - '20 : Annual Report of the Department of Justice for 1919
- UG 39 - '20 : Report of the Committee of Inquiry into the Closing Down of the Princess Estate Mine
- UG 50 - '20 : Annual Report of the Secretary for Mines and Industries and Government Mining Engineer for 1919
- UG 57 - '20 : Report of the Secretary for Education for 1919 Part 1
- UG 59 - '20 : Finance Accounts, Appropriation Accounts, Loan Funds and Miscellaneous Funds (Exclusive of Railways and Harbours), Financial Year 1919-20 with Report of the Controller and Auditor-General
- UG 3 - '21 : Report of the Commissioner, South African Police for 1919
- UG 5 - '21 : South African Railways & Harbours - Statements of Accounts Financial Year 1919-20 with Report of Controller and Auditor-General
- UG 16 - '21 : Interim Report of the Unemployment Commission
- UG 25 - '21 : Report of the Central Housing Board for 1920
- UG 34 - '21 : Second Interim Report of the Unemployment Commission
- UG 46 - '21 : South African Railways & Harbours - Statement of Accounts Financial Year 1920-21 with Report of Controller and Auditor-General
- UG 8 - '22 : Annual Departmental Reports (Abridged), No. 1, 1920-1
- UG 13 - '22 : Report of the Central Housing Board for 1921
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F.Wilson : Labour in the South African Gold Mines 1911 - 1969 (Cambridge, 1972)

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C.E.A. Winslow : The Conquest of Epidemic Disease (Princeton, 1944)

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A.S.Wohl : Endangered Lives - Public Health in Victorian Britain (London, 1963)

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J. Woodward and D. Richards (eds.) : Health Care and Popular Medicine in Nineteenth Century England (London, 1977)

R.M. Young : "The Impact of Darwin on Conventional Thought" in A. Symondson (ed.) : The Victorian Crisis of Faith (London, 1974)

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M.T.S. Zeman : Die Armeisorgwerk van die N.G.K. in Suid-Afrika (Bloemfontein, 1957)

P. Ziegler : The Black Death (Reprinted edition, Harmondsworth, 1982)

S. Zuckerman : From Apes to Warlords (London, 1978)

C. THESES AND UNPUBLISHED SEMINAR PAPERS AND LECTURES

(i) Theses

W.L.J. Adler : "Administratiewe Aspekte van Sluimpruiming in Suid-Afrika (M. Admin. thesis, Univ. of Pretoria, 1974)

S.M. Aronson : "The Historical Development of Jewish Welfare in the Republic of South Africa" (M. Soc. Sci. thesis, Univ. of O.F.S. - 1967)

Ad. Aures : "Die Ontwikkeling van Maatskaplike Werk as Profesie in Suid-Afrika" (Phil. thesis, Univ. of Pretoria, 1970)

S.M.N. Brönn : " 'n Sosiologies-Opvoedkundige Studie van die Abraham Kriel Kinderhuis" (M. A. thesis, Univ. of Pretoria, 1941)

J.F.J. Bruwer : "Education in the O.F.S. - An Historical Survey and Suggestions for Future Development" (Ph.D. thesis, UNISA, 1936)

C.P. Galitz : "Die Geskiedenis van die Onderwys van die Meisie in die Oranje Vrystaat omstreeks 1838-1948 (M. Ed. thesis, UNISA, 1949)

B.N.A. Coetzee : "Gesondheidsopvoeding in Kleurling-lerskele met besondere verwysing na

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G. Cathbertson : " A New Town at Litvlogt - The
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R.R. Edgar : " The Fifth Seal : Enoch Mgijima, the
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C.M. Elias : " A Comparative Analysis of Government
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O.E. Emanuelson : " A History of Native Education
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J.R.L. Forsyth : " Studies on Inactivated Influenza
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A.M. Grundlingh : " Die Suid-Afrikaanse Gekleurde

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J.-K.-H. Hodgson - " A History of Zonnebloem College
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S.-P. Jordaan , " J.D. Kestell - Sy Lewe en Werk 1912-
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N. Kagan - "African Settlements in the Johannesburg
Area, 1903-1923" (M.A. thesis, University
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D. E. Kaplan . " Class Conflict, Capital Accumulation
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1977)

A. Lombaard - " The Smallpox Epidemic of 1882 in
Cape Town with some reference to the
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J.F. Roux : "Die Ontwikkeling van Bantoe - Gesondheidsdiens in die Republiek van Suid - Afrika met spesiale beklemtoning van die Ontwikkeling van Gesondheidsdienste in die Tuislande (M.B. thesis, Univ. of Pretoria, 1974)

M.G. Ryan : "Aspects of the History of Organised Pharmacy in South Africa, 1885 - 1946 " (M.A. thesis, U.C.T., 1983)

M.O. M. Sebani : "The South African Native College, Fort Hare, 1903 - 1964 - A historical-critical survey (D. Ed., UNISA, 1989)

W. Semmelink : "Kinders onder Toesig en Beheer : 'n Onderzoek na die behandeling van die blanke sorgbenoemde kind in sy ouerhuis deur middel van wetlike toesig en beheer, soos toegepas deur die Kindersorgvereniging" (M.A. thesis, Univ. of Pretoria, 1962)

A.G. Smurthwaite : "The Policy of the Smuts Government towards Africans, 1919 - 1924" (M.A. thesis, UNISA, 1975)

N.D. Southey : "A Period of Transition - A History of Grahamstown 1902 - 1918" (M.A. thesis, Rhodes University, 1984)

L.F. Swanepoel : "The Origins and Early History of the Seventh-Day Adventist Church in South Africa 1886 - 1920 " (M.A. thesis, UNISA, 1972)

P.J. Theron : "Die Wording van Staatsorg onder die
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W.J.H. Vrey : "Blanke Bessetting en Bevolkingsgroei van
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A.J. Winckler : "Tendense in die Suid-Afrikaanse Volkswelsyn -
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(ii) Unpublished Seminar Papers and Lectures

C.Ballard : "Pestilence and the Peasantry : The
Holocaust in Natal and Zululand 1895 - 1907"
(Paper presented to Conference of Economic
History Society, Durban, July 1982)

J.H.S.Gear : "The 1918 Influenza Epidemic" (Lecture
delivered at South African Institute for
Medical Research, 1968)

I.Hexham : "Modernity or Reaction In South Africa :
The Case of Afrikaner Religion" (Conference
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M.Legassick: "The Making of South African 'Native
Policy', 1903 - 1923 : The Origins of
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of Commonwealth Studies Postgraduate Seminar,
February 1973)

M.Legassick : "The Mining Economy and the White Working
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